| Fill in this information to identify your case: | | |
|---|---|--------------------------------------|
| United States Bankruptcy Court for the : | | |
| NORTHERN District of ILLINOIS (State) | | |
| Case Number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part | 11: | Identify Yourself | | |
|------|-------------------|--|----------------------------|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your f | ull name | | |
| | govern | ne name that is on your ment-issued picture cation (for example, | James First name | First name |
| | your dr passpo | iver's license or rt). | Arthur Middle name Sims | Middle name |
| | identific | our picture cation to your meeting e trustee. | Last name | Last name |
| | | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| | | ner names you | | |
| | have ι years | used in the last 8 | First name | First name |
| | | your married or names. | Middle name | Middle name |
| | | | Last name | Last name |
| | | | First name | First name |
| | | | Middle name | Middle name |
| | | | Last name | Last name |
| | _ | he last 4 digits of Social Security | xxx - xx4375 | xxx - xx |
| | Individ | r or federal ual Taxpayer cation number | OR | OR |
| | iuenun | Cauon number | 9 xx - xx | 9xx - xx |
| | | | | |

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Document James Arthur Debtor 1 Case Number (if known) Last Name

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | Business name Business name EIN EIN | I have not used any business names or EINs. Business name Business name EIN EIN |
| 5. | Where you live | 1146 W 88th St | If Debtor 2 lives at a different address: |
| | | Number Street | Number Street |
| | | Chicago IL 60620 | |
| | | City State ZIP Code COOK | City State ZIP Code |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
| | | Number Street | Number Street |
| | | P.O. Box | P.O. Box |
| | | City State ZIP Code | City State ZIP Code |
| 6. | Why you are choosing | Check one: | Check one: |
| | this district to file for bankruptcy. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | have another reason. Explain. (See 28 U.S.C. § 1408 | ☐I have another reason. Explain. (See 28 U.S.C. § 1408 |
| | | | |
| | | | |
| | | | |

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Debtor 1 James Arthur Document Sims Page 3 of 62
First Name Middle Name Last Name Page 3 of 62

Case Number (if known)

| Pa | Tell the Court About You | r Bankruptcy (| ase | | | | |
|-----|---|---|--|--|------|--|--|
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 Chapter 11 Chapter 12 Chapter 13 | | | | | |
| 8. | How you will pay the fee | local of yours subm with a linear Application I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the pay the submit I required by law less the submit I required by law | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. | | | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No □ Yes. | District District District | | When | Case Number MM / DD / YYYY Case Number MM / DD / YYYY Case Number MM / DD / YYYYY | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business parter, or by affiliate? | ■ No | District Debtor _ | | When | Relationship to you Case Number, if known MM / DD / YYYY Relationship to you Case Number, if known MM / DD / YYYY | |
| 11. | Do you rent your residence? | □ No. ■ Yes. | ■ N □ Y | ur landlord obtaine o. Go to line 12. | | ent against you? Eviction Judgment Against You (Form 101A) and file it with | |

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| Debtor 1 | James | Arthur | Document | Page 4 of 62 Case Number (if known) | |
|----------|------------|-------------|-----------|--------------------------------------|--|
| | First Name | Middle Nome | Lost Name | , | |

| | Report About Any Busine | esses You Ow | n as a Sole Proprietor | | |
|-----|---|-----------------|---|--------------------------------------|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. □ Yes. | Go to Part 4. Name and location of b | business | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as | | Name of business, if any | | |
| | a corporation, partnerhsip, or LLC. If you have more than one sole proprietorship, use a separate sheed and attach it | | Number Street | | |
| | to this petition. | | City | | State Zip Code |
| | | | Check the appropriate | box to describe your business: | |
| | | | ☐ Health Care Busi | iness (as defined in 11 U.S.C. § 10 | 1(27A)) |
| | | | ☐ Single Asset Rea | al Estate (as defined in 11 U.S.C. § | 101(51B)) |
| | | | ☐ Stockbroker (as o | defined in 11 U.S.C. § 101(53A)) | |
| | | | ☐ Commodity Broke | er (as defined in 11 U.S.C. § 101(6 |)) |
| | | | ☐ None of the abov | /e | |
| | For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D). | □ No. I | the Bankruptcy Code. | 11, but I am NOT a small busines: | s debtor according to the definition in tor according to the definition in the |
| Pa | Report if You Own or Have | ve Any Hazard | lous Property or Any Prop | perty That Needs Immediate Attenti | on |
| 14. | Do you own or have any property that poses or is alleged to pose a threat | No. | What is the hazard? | | |
| | of imminent and indentifiable hazard to public health or safety? Or do you own any | | | | |
| | property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | | If immediate attention is | needed, why is it needed? | |
| | that needs urgent repairs? | | Where is the property? | | |
| | | | which is the property: | Number Street | |
| | | | , . | | |
| | | | | | |

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Debtor 1

Arthur

Document

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James

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing a | bout |
|---|------|
| credit counseling because of: | |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to rece | ive a briefing about |
|---------------------------|----------------------|
| credit counseling because | se of: |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-01067 Doc 1 Filed 01/15/18 Entered 01/15/18 12:15:12 Desc Main

<u>James</u> Debtor 1

Arthur

Document

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| | riist Name | Middle Name Last Name | | | | | |
|--|---|--|---|---------------------------------|--|--|--|
| Pa | Answer These Questions | for Reporting Purposes | | | | | |
| 16. | What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. | | | | | |
| | | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | No. Go to line 16c. Yes. Go to line 17. | | | | | |
| | | 16c. State the type of debts you o | owe that are not consumer debts or business | debts. | | | |
| 17. | Are you filing under Chapter 7? | No. I am not filing under Cl | napter 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is | | ter 7. Do you estimate that after any exempt es are paid that funds will be available to distr | | | | |
| | excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Mo. □Yes. | | | | | |
| 18. | How many creditors do | 1-49 | 1,000-5,000 | 25,001-50,000 | | | |
| | you estimate that you | ☐ 50-99 | 5 ,001-10,000 | 5 0,001-100,000 | | | |
| | owe? | ☐ 100-199 — | 10,001-25,000 | ☐ More than 100,000 | | | |
| _ | | 200-999 | | | | | |
| 19. | How much do you | \$0-\$50,000 | ☐ \$1,000,001-\$10 million | □\$500,000,001-\$1 billion | | | |
| | estimate your assets to | \$50,001-\$100,000 | ☐ \$10,000,001-\$50 million | □\$1,000,000,001-\$10 billion | | | |
| | be worth? | \$100,001-\$500,000 | □ \$50,000,001-\$100 million | □\$10,000,000,001-\$50 billion | | | |
| | | ☐ \$500,001-\$1 million | □ \$100,000,001-\$500 million | ☐More than \$50 billion | | | |
| 20. | How much do you | \$0-\$50,000 | ☐ \$1,000,001-\$10 million | □\$500,000,001-\$1 billion | | | |
| | estimate your liabilities | \$50,001-\$100,000 | ☐ \$10,000,001-\$50 million | \$1,000,000,001-\$10 billion | | | |
| | to be? | \$100,001-\$500,000 | ☐ \$50,000,001-\$100 million | ☐ \$10,000,000,001-\$50 billion | | | |
| | | ☐ \$500,001-\$1 million | \$100,000,001-\$500 million | ☐ More than \$50 billion | | | |
| Pa | t 7: Sign Below | | | | | | |
| For | you | I have examined this petition, and correct. | I declare under penalty of perjury that the infe | ormation provided is true and | | | |
| | | | oter 7, I am aware that I may proceed, if eligib nderstand the relief available under each cha | | | | |
| | | , , | did not pay or agree to pay someone who is d read the notice required by 11 U.S.C. § 342 | , , | | | |
| I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | | |
| | | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | | |
| | | /s/ James Arthur Sime | | ature of Debtor 2 | | | |
| | | 04/40/004/ | 5 | | | | |
| | Executed on Executed on | | | | | | |

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| Debtor 1 | James | Arthur | Document | | | |
|--|------------|---|--------------------|---|---|--|
| | First Name | Middle Name | Last Name | | , , | |
| For your attorney, if you are represented by one if you are not represented by an attorney, you do not | | each chapter for which the person is eligible. I also certify | | 11, United States Code, and have e also certify that I have delivered to 07(b)(4)(D) applies, certify that I have | d States Code, and have explained the relief available under ify that I have delivered to the debtor(s) the notice required by 0) applies, certify that I have no knowledge after an inquiry that | |
| need to file this page. | | ★ /s/ Steven Scott Camp | | Date | Date: 01/10/2018 | |
| | | Signature of A | ttorney for Debtor | | MM / DD / YYYY | |
| | | | | | | |
| | | Steven | Scott Camp | | | |
| | | Printed name | | | | |
| | | Geraci L | aw L.L.C. | | | |
| | | Firm name | | | | |
| | | 55 E. M | onroe St., #3400 | | | |
| | | Number Str | eet | | | |
| | | | | | | |
| | | Chicago | 1 | IL | 60603 | |
| | | City | | State | ZIP Code | |
| | | Contact Phone | 312-332-1800 | Email o | _{ddress} ndil@geracilaw.com | |

IL

State

6311015

Bar number

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| | | | 30001110111 | 1 446 6 6 |
|---------------------|----------------------|--------------------------------|-------------|-----------|
| Fill in this in | formation to ident | tify your case: | | |
| | | | | |
| | | | | |
| Debtor 1 | James | Arthur | Sims | |
| Debior 1 | <u>ourico</u> | 7 11 11 101 | Olifio | |
| | First Name | Middle Name | Last Name | |
| | | | | |
| Debtor 2 | | | | |
| | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| | | | | |
| United States | Bankruptov Court for | the: NORTHERN District of | II I INOIS | |
| Office States | Bankrupicy Court for | THEINDICTIFICATION DISTRICT OF | | |
| | | | (State) | |
| Case Number | r | | | |
| (If known) | | | | |
| (II Idiowii) | | | | |
| | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: Sum | nmarize Your Assets | |
|-----------------|---|---|
| | | Your assets Value of what you own |
| | : Property (Official Form 106A/B) 55, Total real estate, from Schedule A/B | \$0 |
| 1b. Copy line 6 | 62, Total personal property, from Schedule A/B | \$ 5,034 |
| 1c. Copy line 6 | 63, Total of all property on Schedule A/B | \$ 5,034 |
| Part 2: Sum | nmarize Your Liabilities | |
| | | Your liabilities Amount you owe |
| | Creditors Who Have Claims Secured by Property (Official Form 106D) otal you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0 |
| | Creditors Who Have Unsecured Claims (Official Form 106E/F) otal claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$6,957 |
| | otal claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$65,230 |
| | | |
| Part 3: Sum | nmarize Your Liabilities | |
| | our Income (Official Form 106I) mbined monthly income from line 12 of Schedule I | \$4,313.23 |
| | our Expenses (Official Form 106J) onthly expenses from line 22c of Schedule J | \$4,313.00 |

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Case Number (if known)

Document Arthur James Debtor 1 First Name Middle Name Last Name

| Part 4: | Answer These Questions for Administrative and Statistical Records | | | | | | | |
|-----------------|---|-------------|--|--|--|--|--|--|
| _ | Are you filling for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes | | | | | | | |
| Your famil | What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. | | | | | | | |
| | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$4,313.23 | | | | | | | |
| | e following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> : | Total claim | | | | | | |
| | estic support obligations (Copy line 6a.) | \$ 0.00 | | | | | | |
| 9b. Taxe | es and certain other debts you owe the government. (Copy line 6b.) | \$_3,957.00 | | | | | | |
| 9c. Clain | ns for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_0.00 | | | | | | |
| 9d. Stud | ent loans. (Copy line 6f.) | \$_0.00 | | | | | | |
| | pations arising out of a separation agreement or divorce that you did not report as laims. (Copy line 6g.) | \$_0.00 | | | | | | |
| 9f. Debt | s to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | \$_0.00 | | | | | | |
| 9g. Tota | I. Add lines 9a through 9f. | \$_3,957.00 | | | | | | |

| Fill in this inf | Caso 19 010 formation to identify yo | | | Entered 01/15/18 0 of 62 | 3 12:15:12 | Desc | Main | |
|---|---|---|--|--|-----------------------------|---------------|----------------|-------------|
| | lamon | Arthur | Simo | 0 01 02 | | | | |
| Debtor 1 | James First Name | Arthur Middle Name | Sims Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States I | Bankruptcy Court for the : _ | NORTHERN Dist | trict of <u>ILLINOIS</u> (State) | | | _ | | |
| Case Number | | | (Giate) | | | _ | Check if this | |
| | orm 106A/D | | | | | a | mended fili | ng |
| | <u>orm 106A/B</u> e A/B: Prope i | rtv | | | | | | 12/15 |
| ategory where esponsible for ages, write you Part 11 | you think it fits best. Be supplying correct infor Ir name and case numb Describe Each Residence | e as complete and mation. If more sp er (if known). Ans , Building, Land, or | an asset only once. If an asset I accurate as possible. If two materials are separated as the separated as t | arried people are filing toget te sheet to this form. On the ve an Interest In | her, both are equa | lly | | |
| Yes. | Describe | | | | | | | |
| | - | | your entries fro Part 1, includin | | > | | | \$0.00 |
| | | that hambor hore | | | | | | \$0.00 |
| Part 2: | escribe Your Vehicles | | | | | | | |
| | meone eise drives. it yo , trucks, tractors, sport Describe | | also report it on Schedule G: Ex | ecutory Contracts and Unexp | irea Leases. | | | |
| M | ake: | Ford | Who has an interest in the | property? Check one. | Do not deduct the amount of | | | |
| M | odel: | Escape | Debtor 1 only Debtor 2 only | | Creditors Who | • | | |
| Y | ear: | 2004 | Debtor 1 and Debtor 2 only | y | Current value | | Current val | |
| Α | pproximate Mileage: | 121,000 | At least one of the debtors | and another | entire propert | - | portion you | |
| 0 | ther information: | | Check if this is somm | unity property (200 | \$ | 1,294.00 | \$ | 1,294.00 |
| | 004 Ford Escape with on niles. | ver 121,000 | Check if this is communications instructions) | inity property (see | | | | |
| M | ake: | Ford | Who has an interest in the | property? Check one. | Do not deduct | secured claim | s or exemption | s. Put |
| M | odel: | Expedition | Debtor 1 only | | the amount of a | • | | |
| Y | ear: | 2007 | Debtor 2 only | | Current value | of the | Current val | ue of the |
| Α | pproximate Mileage: | 190,000 | Debtor 1 and Debtor 2 only At least one of the debtors | - | entire propert | ty? | portion you | ı own? |
| 0 | ther information: | | | | \$ | 2,090.00 | \$ | 2,090.00 |
| | 007 Ford Expedition with niles. | n over 190,000 | Check if this is commu | unity property (see | | | | |
| Examples: No. Yes. Add the doll | Boats, trailers, motors, person Describe ar value of the portion y | onal watercraft, fishin | recreational vehicles, other vehing vessels, snowmobiles, motorcycle and your entries fro Part 2, including | accessories og any entries for pages | ·-> | | | \$ 3,384.00 |

Official Form 106A/B Record # 746696 Schedule A/B: Property Page 1 of 6

Debtor 1

Case 18-01067

Doc 1

Desc Main

\$50

50.00

\$750.00

No.

Describe.....

books, CDs, DVDs & Family Photos

for Part 3. Write that number here

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

James First Name **Describe Your Personal and Household Items** Part 3: Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions 06. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No. Describe..... Furniture, linens, small appliances, table & chairs, bedroom set \$250 250.00 07. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No. Yes. Describe..... \$250 Flat screen TV, computer, printer, music collection, cell phone 250.00 08. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No. Yes. Describe..... 0.00 09. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No. Describe..... 0.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No. Describe..... Yes. 0.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No. es Describe..... Everyday clothes, shoes, accessories \$100 100.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No. Describe..... Everyday jewelry, costume jewelry, chain, watch \$100 100.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No. Describe..... 0.00 14. Any other personal and household items you did not already list, including any health aids you did not list

James

First Name

Case 18-01067

Middle Name

Doc 1

Filed 01/15/18

Document
Last Name

Entered 01/15/18 12:15:12 Page 12 of 62 umber (if known)

Desc Main

| Part 4: Describe Your Financial Assets | |
|---|--|
| Do you own or have any legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No. | |
| Yes. Describe | \$0.00 |
| 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No. | |
| Yes. Describe Account Type: Institution name: Checking Account US Bank | \$ 900.00 |
| 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No. | \$ <u>900.0</u> 0 |
| Yes. Describe Institution or issuer name: | \$ <u> </u> |
| 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in No. | |
| Yes. Describe Name of Entity and Percent of Ownership: | \$ <u>0.0</u> 0 |
| 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No. | |
| Yes. Describe Issuer name: | \$ <u> </u> |
| 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| No. Yes. Describe Type of account and Institution name: | |
| 22. Security deposits and prepayments | \$ <u>0.0</u> 0 |
| Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications No. | |
| Yes. Describe Institution name or individual: | \$ 0.00 |
| 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No. | · |
| Yes. Describe Issuer name and description: | \$ 0.00 |
| 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No. | |
| Yes. Describe Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): | \$ 0.00 |
| 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers No. | · |
| Yes. Describe | \$0.00 |
| 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No. | _ |
| Yes. Describe | \$0.00 |

Debtor 1

James

Case 18-01067

Doc 1

Desc Main

27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Yes Describe..... 0.00 Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions 28. Tax refunds owed to you Yes Describe..... 0.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Describe..... 0.00 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No. Yes. Describe..... 0.00 31. Interest in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No. Company Name & Beneficiary: Yes. Describe..... 0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No. Yes. Describe..... 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No. Yes. Describe..... 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights No. Describe..... Potential 1/3 interest in 1146 W 88th Street, Chicago, IL 60620 - currently titled to mother Eva Simms \$0 who recorded a revocable Transfer on Death Instrument. Debtor James Sims v ATT, represented by Atty. Frederick Weiss, 312.321.9200. Garage door fell on debtor causing rotator cuff tear requiring surgey. 0.00 35. Any financial assets you did not already list Describe 0.00

\$900.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached

Schedule A/B: Property

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| | First Name | | Middle Name | Last Name | age 14 of 62 | | | |
|-----|---|-------------------|--|------------------------------|-------------------------------------|-------------|---|---------|
| | art 5: Descri | ibe Any Busir | ness-Related Property You Own o | r Have an Interest In. List | any real estate in Part 1. | | | |
| 37. | Do you own or h | have any leg | gal or equitable interest in any b | ousiness-related property | ? | | | |
| | Yes. | | | | | | | |
| | | | | | | | Current value of t portion you own? Do not deduct secure or exemptions | • |
| 38. | | vable or con | nmissions you already earned | | | | | |
| | No. Yes. Des | scribe | | | | | | |
| 39. | Office equipmer | nt, furnishin | gs, and supplies | | | | \$ | 0.00 |
| | | | mputers, software, modems, printers, | copiers, fax machines, rugs, | telephones, desks, chairs, electror | nic devices | | |
| | | scribe | | | | | | |
| 40. | Machinery, fixtu | ures, equipm | nent, supplies you use in busin | ess, and tools of your tra | de | | \$ | 0.00 |
| | No. Yes. Des | scribe | | | | | | |
| | _ | 301100 | | | | | \$ | 0.00 |
| 41. | No. | | | | | | | |
| | Yes. Des | scribe | | | | | \$ | 0.00 |
| 42. | Interests in part | = | - | | | | · · | |
| | No. Yes. Des | scribe | Name of Entity and Percent of O | wnership: | | | | |
| 43. | Customer lists, | mailing lists | s, or other compilations | | | | \$ | 0.00 |
| | No. | _ | • | | | | | |
| | Yes. Des | scribe | | | | | \$ | 0.00 |
| 44. | Any business-re | elated prope | erty you did not already list | | | | | |
| | Yes. Des | scribe | | | | | ¢ | 0.00 |
| | A 11 (b - 1 - 11 - 11 - 11 - 11 - 11 - 11 | | | | | | Ψ | <u></u> |
| | | | f your entries from Part 5, inclu er here | | - | > | | \$ 0.00 |
| | Descri | ibe Any Farm | n- and Commercial Fishing-Related | d Property You Own or Hav | e an Interest In. | | | |
| 46. | | | e an interest in farmland, list it gal or equitable interest in any f | | ng-related property? | | | |
| | No. | | , | | | | | |
| | Yes. Des | scribe | | | | | \$ | 0.00 |
| 47. | Farm animals Examples: Livesto | tock, poultry, fa | arm-raised fish | | | | | |
| | No. Yes. Des | scribe | | | | | | |
| 40 | _ | | am reacted | | | | \$ | 0.00 |
| 46. | No. | Jiowing of h | ai vesteu | | | | | |
| | Yes. Des | scribe | | | | | \$ | 0.00 |
| 49. | Farm and fishin | ng equipmen | ıt, implements, machinery, fixtu | res, and tools of trade | | | | |

No.

Yes. Describe.....

0.00

| 50. Farm and fishing supplies, chemicals, and feed No. | | |
|---|-------------------------|-------------|
| Yes. Describe | | \$ |
| 51. Any farm- and commercial fishing-related property you did not already list | | |
| Yes. Describe | | \$ 0.00 |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for p | nages you have attached | <u> </u> |
| for Part 6. Write that number here | . • • | \$0.00 |
| | | |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not Lis | st Above | |
| 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership | | |
| No. | | |
| Yes. Describe | | \$0.00 |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here | > | \$0.00 |
| | | |
| Part 8: List the Totals of Each Part of this Form | | |
| 55. Part 1: Total real estate, line 2 | | \$ 0.00 |
| 56. Part 2: Total vehicles, line 5 | \$ 3,384.00 | |
| 57. Part 3: Total personal and household items, line 15 | \$ 750.00 | |
| 58. Part 4: Total financial assets, line 36 | \$ 900.00 | |
| 59. Part 5: Total business-related property, line 45 | \$ 0.00 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ 0.00 | |
| 61. Part 7: Total other property not listed, line 54 | \$ 0.00 | |
| 62. Total personal property. Add lines 56 through 61 | \$ 5,034.00 | \$ 5,034.00 |
| | | |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | \$5,034.00 |

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| Fill in this information to identify your case: | | | | | | |
|---|----------------------|---------------------------------------|----------------------------|--|--|--|
| Debtor 1 | James | Arthur | Sims | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ | <u>ILLINOIS</u> (State) | | | |
| Case Number | r | · · · · · · · · · · · · · · · · · · · | _ | | | |
| (If known) | | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify th | he Property You Claim as Exempt | | | | | | | | | |
|----------------------------|---|--------------------------------------|---|------------------------------------|--|--|--|--|--|--|
| 1. Which set of exem | ptions are you claiming? Check | one only, even if your spo | use is filing with you. | | | | | | | |
| You are claimin | You are claiming state and federal nonbankruptcy exemptions . 11 U.S.C. § 522(b)(3) | | | | | | | | | |
| You are claimin | ng federal exemptions. 11 U.S.C. § | 522(b)(2) | | | | | | | | |
| | | | | | | | | | | |
| 2. For any property ye | ou list on Schedule A/B that you | claim as exempt, fill in the | he information below. | | | | | | | |
| Brief description o | of the property and line on lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | | | | | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption | | | | | | | |
| | 004 Ford Escape with over 21,000 miles. | \$1,294 | \$1,294 | 735 ILCS 5/12-1001(b) | | | | | | |
| Line from | | | 100% of fair market value, up to | | | | | | | |
| Schedule A/B: 0 | 93 | | any applicable statutory limit | | | | | | | |
| | 007 Ford Expedition with over 90,000 miles. | s 2,090 | s 2.400 | 735 ILCS 5/12-1001(c) | | | | | | |
| description. 10 | | Φ | | | | | | | | |
| Line from Schedule A/B: 0 | 3 | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| Brief Fu | urniture, linens, small appliances, | | | 735 ILCS 5/12-1001(b) | | | | | | |
| description: ta | able & chairs, bedroom set | \$_250 | \$250 | | | | | | | |
| Line from | _ | | 100% of fair market value, up to | | | | | | | |
| Schedule A/B: 0 | <u> </u> | | any applicable statutory limit | | | | | | | |
| | lat screen TV, computer, printer, nusic collection, cell phone | _{\$} 250 | s 250 | 735 ILCS 5/12-1001(b) | | | | | | |
| description | nadic concouncing con priorio | Ψ | | | | | | | | |
| Line from Schedule A/B: 0 | 7 | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| _ | | | , . r r | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Official Form 106C | Record # 746696 | Schedule C: Ti | he Property You Claim as Exempt | Page 1 of 2 | | | | | | |

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Debtor 1 James

First Name

Middle Name

Last Name

| Part 2: Additi | onal Page | | | |
|-------------------------|--|--------------------------------------|---|------------------------------------|
| | on of the property and line on hat lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | Everyday clothes, shoes, accessories | \$_100 | \$ <u>100</u> | 735 ILCS 5/12-1001(a),(e) |
| Line from Schedule A/B: | <u>11</u> | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Everyday jewelry, costume jewelry, chain, watch | \$_ 100 | \$100 | 735 ILCS 5/12-1001(a),(e) |
| Line from Schedule A/B: | 12 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | books, CDs, DVDs & Family Photos | \$_ 50 | \$50 | 735 ILCS 5/12-1001(a) |
| Line from Schedule A/B: | 14 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Checking Account, US Bank, 900.00 | \$_900 | \$_900 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | <u>17</u> | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Debtor James Sims v ATT, represented by Atty. Frederick | \$Unknown | _ \$ | 820 ILCS 305/21 |
| Line from Schedule A/B: | Weiss, 312.321.9200. Garage door fell on debtor causing rotator cuff | | 100% of fair market value, up to any applicable statutory limit | |
| 3. Are you claiming | g a homestead exemption of more | than \$155,675? | | |
| (Subject to adjus | stment on 4/01/16 and every 3 years | after that for cases filed on | or after the date of adjustment .) | |
| No. | | | | |
| Yes. Did you | acquire the property covered by the | exemption within 1,215 day | ys before you filed this case? | |
| □No | | | | |
| Yes. | | | | |
| | | | | |
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| | | | | |
| Official Form 106C | Record # 746696 | Schedule C: The | e Property You Claim as Exempt | Page 2 of 2 |

| Fill in this in | Caco 19 formation to ident | | Filad 01/15/19 | | 01/15/18 of 62 | 12:15:12 | Desc Main | |
|----------------------------------|-------------------------------|---|--|--------------------|-------------------|--|--|--------------------------|
| Debtor 1 | James | Arthur | Sims | _ | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | - | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ | ILLINOIS | | | | | |
| Case Number | - | | (State) | | | | Check if this | s is an |
| (If known) | | | | | | | amended fil | ing |
| Be as complete information. If r | and accurate as p | rs Who Have Clain possible. If two married peopleded, copy the Additional Page e and case number (if known) | e are filing together, bot e, fill it out, number the o | th are equally res | | | у | 12/15 |
| 1. Do any cre | ditors have claims | secured by your property? | | | | | | |
| No. Ch | neck this box and su | ubmit this form to the court with | n your other schedules. Y | ou have nothing | else to report or | n this form. | | |
| Yes. Fi | II in all of the inform | nation below. | | | | | | |
| Part 1: | List All Secured Cla | ims | | | | | | |
| | | | al alaine liet the annulit | | C | Column A | Column A | Column C |
| for each c | laim. If more than | creditor has more than one sec one creditor has a particular cla claims in alphabetical order ac | aim, list the other creditor | rs in Part 2. | С | Amount of claim On not deduct the alue of collateral | Value of collateral that supports this claim | Unsecured portion If any |
| | | | | | | | | |

| Fill | in this | information to identif | | 1 Filad 01/15/19 | Entered 01/ 9 of 6 | 15/18 12:15 2 | :12 | Desc Main | l |
|-------------------------------------|---|--|---|--|---|---|---------------------------|---------------------|-------------------|
| | | | | | 3 01 0 | _ | | | |
| De | btor 1 | James | Arthur | Sims | | | | | |
| | | First Name | Middle Name | Last Name | | | | | |
| | btor 2 | | | | | | | | |
| (Spo | ouse, if filing | g) First Name | Middle Name | Last Name | | | | | |
| Un | ited Stat | es Bankruptcy Court for th | ne : <u>NORTHERN</u> D | District of <u>ILLINOIS</u> | | | | | |
| Ca | se Numb | per | | (State) | | | | Check i | f this is an |
| | known) | | | | | | | amende | ed filing |
| ∩ffi | cial I | Form 106E/F | • | | | | | | |
| | | | - | | | | | | 12/1 |
| <u>Sch</u> | <u>edul</u> | <u>e E/F: Credito</u> | rs Who Have | e Unsecured Claims | | | | | 12/15 |
| A/B: P credite neede op of | <i>Propert</i> y ors with d, copy | / (Official Form 106A/E n partially secured cla | B) and on Schedule ims that are listed in I it out, number the vour name and case | , | oired Leases (Offic Claims Secured b | ial Form 106G). Do y Property. If more | not includ space is | | |
| I.C. | UH LE | | | | | | | | |
| 1. D | o any c | reditors have priority | unsecured claims a | gainst you? | | | | | |
| | No. | Go to Part 2. | | | | | | | |
| | Yes. | | | | | | | | |
| ea no ui | ach clai onpriori nsecure | im listed, identify what to ty amounts. As much a ed claims, fill out the Co | type of claim it is. If a as possible, list the cl ontinuation Page of F | itor has more than one priority unsect a claim has both priority and nonprior laims in alphabetical order according Part 1. If more than one creditor hold astructions for this form in the instruct | rity amounts, list tha to the creditor's na s a particular claim, | t claim here and sho me. If you have mor | ow both pri e than two | ority and priority | |
| | | | | | | Total | claim | Priority | Nonpriority |
| 0.4 | l Illinoi | s Department of Rever | nue | Loot 4 digits of account number | | \$ 317 | . 00 | amount \$ 317.00 | amount \$ 0.00 |
| 2.1 |] | r's Name | | Last 4 digits of account number _ | | <u> </u> | | <u> </u> | Ψ_0.00 |
| | | ox 64338 | | When was the debt incurred? | 2014 | | | | |
| | Numbe | er Street | | | | | | | |
| | | | | As of the date you file, the claim is | : Check all that apply | | | | |
| | Chica | | II 60664 0339 | Contingent | | | | | |
| | Chica | igo | IL 60664-0338 | Unliquidated | | | | | |
| , | City Who ow | res the debt? Check one. | State Zip Code | Disputed | | | | | |
| | _ | or 1 only | | _ | | | | | |
| | = | or 2 only | | Type of PRIORITY unsecured claim | n: | | | | |
| l | = | or 1 and Debtor 2 only | | Domestic support obligations | | | | | |
| | = | or I and Debtor 2 only ast one of the debtors and | another | Taxes and certain other debts you | owe the government | | | | |
| | = | ck if this claim relates to | | - and and solum offer debte you | 3 a.o govornmont | | | | |
| | _ | munity debt | υa | Claims for death or personal injury | while you were | | | | |
| ı | | aim subject to offest? | | intoxicated | . , | | | | |
| | No | | | Other. Specify | | | | | |
| | Yes | | | | | | | | |

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Case Number (if known) **Document** James Debtor 1

Your PRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim **Priority** Nonpriority amount amount **\$** 1,663.00 \$ 0.00 IRS Priority Debt \$ 1,663.00 2.2 Last 4 digits of account number _ Creditor's Name 2014 PO Box 7346 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Philadelphia PA 19101 Unliquidated State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Check if this claim relates to a community debt Claims for death or personal injury while you were Is the claim subject to offest? intoxicated No Other. Specify _ Yes IRS Priority Debt \$ 1,977.00 \$ 1,977.00 \$ 0.00 2.3 Last 4 digits of account number _ Creditor's Name 2012 PO Box 7346 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Philadelphia PA 19101 Unliquidated State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim relates to a community debt Claims for death or personal injury while you were Is the claim subject to offest? intoxicated No Other. Specify Yes IRS Priority Debt \$ 3,000.00 \$ 3,000.00 \$ 0.00 2.4 Last 4 digits of account number Creditor's Name 2013 PO Box 7346 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Philadelphia 19101 Unliquidated State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ___ Domestic support obligations

At least one of the debtors and another

Check if this claim relates to a

community debt Is the claim subject to offest?

No

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were

intoxicated

Other. Specify _

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Case Number (if known) മൂറ്റൂcument James Arthur Debtor 1 Last Name

| Pa | List All of Your NONPRIORITY Unsecured | Claims | | | | | | | |
|-------------|---|---|--------------------|--|--|--|--|--|--|
| 3. D | o any creditors have nonpriority unsecured clain | ns against you? | | | | | | | |
| Г | No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | | | | | | | |
| Ī | Yes. | • | | | | | | | |
| 4 I | | e alphabetical order of the creditor who holds each claim. If a creditor has more than one | | | | | | | |
| | | ely for each claim. For each claim listed, identify what type of claim it is. Do not list claims already | | | | | | | |
| | | particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured | | | | | | | |
| С | laims fill out the Continuation Page of Part 2. | | Total claim | | | | | | |
| 4.1 | Advocate Christ Medical Center | Last 4 digits of account number | \$ 1,122.00 | | | | | | |
| 7.1 | Creditor's Name | | - | | | | | | |
| | PO Box 70508 | When was the debt incurred? | | | | | | | |
| | Number Street | | | | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | | | | |
| | Chicago IL 60673-0508 | Contingent | | | | | | | |
| | City State Zip Code | Unliquidated | | | | | | | |
| | Who owes the debt? Check one. | Disputed | | | | | | | |
| | Debtor 1 only Debtor 2 only | Tune of NONDDIODITY unaccured eleim. | | | | | | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: Student loans | | | | | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | | | | | | | |
| | Check if this claim relates to a | that you did not report as priority claims | | | | | | | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | | | | |
| | Is the claim subject to offest? | Other. Specify Medical/Dental Services | | | | | | | |
| | Yes | Other. Specify | | | | | | | |
| 4.2 | Advocate Health Care | Last 4 digits of account number | \$ <u>1,552.00</u> | | | | | | |
| | Creditor's Name 22393 Network PI. | When was the debt incurred? | | | | | | | |
| | Number Street | when was the dest incurred: | | | | | | | |
| | Names. | As of the date you file the claim is: Check all that each | | | | | | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | | | | | | | |
| | Chicago IL 60673 | Unliquidated | | | | | | | |
| | City State Zip Code Who owes the debt? Check one. | Disputed | | | | | | | |
| | Debtor 1 only | _ | | | | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | | | | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | | | | | | | |
| | Check if this claim relates to a community debt | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | | | | |
| | Is the claim subject to offest? | Debts to pension of profit-straining plans, and other similar debts | | | | | | | |
| | No | Other. Specify Medical/Dental Services | | | | | | | |
| | Yes Advocate Medical Group, SC | | \$ 25.00 | | | | | | |
| 4.3 | Creditor's Name | Last 4 digits of account number | \$ <u>23.00</u> | | | | | | |
| | 701 Lee St., Ste. 300 | When was the debt incurred? | | | | | | | |
| | Number Street | | | | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | | | | |
| | Des Plaines IL 60016 | Contingent | | | | | | | |
| | City State Zip Code | Unliquidated | | | | | | | |
| | Who owes the debt? Check one. | Disputed | | | | | | | |
| | Debtor 1 only | | | | | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | | | | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Student loans Obligations arising out of a separation agreement or divorce | | | | | | | |
| | At least one of the deptors and another Check if this claim relates to a | that you did not report as priority claims | | | | | | | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | | | | |
| | ls the claim subject to offest? ■■ | | | | | | | | |
| | No No | Other. Specify Medical/Dental Service | | | | | | | |
| | Yes | | | | | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

First Name

Middle Name

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Case Number (if known) Document James Arthur Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 4.4 ATG Credit \$ 15.00 Last 4 digits of account number

| 7.7 | | | |
|-----|--|--|--------|
| | Creditor's Name | When was the debt incurred? 2016-2017 | |
| | 1700 W Cortland St Ste 2 | When was the debt incurred? | |
| | Number Street | | |
| | | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Chicago IL 60622 | Unliquidated | |
| | City State Zip Code | | |
| ١ ' | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Turns of NONDRIODITY unassessed alsies. | |
| | = | Type of NONPRIORITY unsecured claim: □ | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Chack if this plaim valeton to a | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | | |
| | • | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | _ | |
| | No | Other. Specify Medical Debt | |
| | Yes | | |
| 4.5 | Atlantic Credit & Finance, Inc | Last 4 digits of account number | |
| | Creditor's Name | | |
| | PO Box 13386 | When was the debt incurred? | |
| | | | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | | |
| | Roanoke VA 24033 | Contingent | |
| | | Unliquidated | |
| ١, | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | | | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | | |
| | No | Other. Specify Debt Owed | |
| | Yes | Ontel. Specify | |
| | Avant INC | Last 4 digits of account number 1975 \$ 1,429.00 | \neg |
| 4.6 | | Last 4 digits of account number 1975 \$_1,429.00 | |
| | Creditor's Name | When was the debt incurred? 2015-2017 | |
| | 640 N Lasalle St | When was the debt incurred? 2015-2017 | |
| | Number Street | | |
| | | As a filtra data and filtra data data da a Constantina da a Constantina da a Constantina da a Constantina da a | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Chicago IL 60654 | Unliquidated | |
| | City State Zip Code | ☐ Disputed | |
| ' | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | | <u> </u> | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | | |
| | No | Boy and Boycond Loop | |
| | Mos | Other. Specify Personal Loan | |
| | I IVes | | |

Doc 1 Filed 01/15/18 Entered 01/15/18 12:15:12 Desc Main Case 18-01067 Page 23 of 62 Case Number (if known) Document James Arthur Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim \$** 0.00 Last 4 digits of account number ____NULL

| 26525 N Riverwoods Blvd | When was the debt incurred? 2006-2013 | |
|--|---|------------------|
| Number Street | | |
| | | |
| | As of the date you file, the claim is: Check all that apply. | |
| Mettawa IL 60045 | Contingent | |
| | Unliquidated | |
| City State Zip Code Vho owes the debt? Check one. | Disputed | |
| Debtor 1 only | _ | |
| Debtor 2 only | Type of NONDDIODITY upgeoured eleme | |
| = | Type of NONPRIORITY unsecured claim: Student loans | |
| Debtor 1 and Debtor 2 only | | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offest? | | |
| No | Other. Specify Credit Card or Credit Use | |
| Yes Capital One | NIIII | ¢ 490 00 |
| | Last 4 digits of account number NULL | \$ <u>490.00</u> |
| Creditor's Name | When was the debt incurred? 2005-2017 | |
| 26525 N Riverwoods Blvd | when was the debt incurred? | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| Mettawa IL 60045 | Unliquidated | |
| City State Zip Code | Disputed | |
| Vho owes the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offest? | | |
| No | Other. Specify Credit Card or Credit Use | |
| Yes | | |
| Capitalone | Last 4 digits of account number NULL | \$_1,051.00 |
| Creditor's Name | · ——— | |
| 15000 Capital One Dr | When was the debt incurred? 2005-2017 | |
| Number Street | | |
| | | |
| | As of the date you file, the claim is: Check all that apply. | |
| Richmond VA 23238 | Contingent | |
| | Unliquidated | |
| City State Zip Code Vho owes the debt? Check one. | Disputed | |
| Debtor 1 only | _ | |
| = | Time of MONIPPIOPITY was a sured alaims | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | ☐ Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offest? | | |
| No | Other. Specify Credit Card or Credit Use | |
| Yes | | |

Record # 746696

| | | Case 18-01067 | Doc 1 | Filed 01/15/18 Document | Entered 01/15/18 12:15:1 | 2 Desc Main | |
|-------------|--------------------------|-----------------------------|-----------------|---------------------------------|--------------------------------------|-------------|--------------------|
| Debtor 1 | James | Arthur | | | Page 24 of 62 Case Number (if known) | | _ |
| | First Name | Middle Nam | е | Last Name | | | |
| Part 2 | Your | NONPRIORITY Unsecured CI | aims - Continua | ation Page | | | |
| After listi | ng any er | ntries on this page, number | them beginnii | ng with 4.4, followed by 4. | 5, and so forth. | | Total Claim |
| 4.10 | apitalone | | Las | st 4 digits of account numbe | r <u>NULL</u> | | \$ 1,094.00 |
| | editor's Nam o Box 26 | | Wh | en was the debt incurred? | 2005-2017 | | |
| N | umber | Street | | | | | |
| _ | | | | of the date you file, the claim | n is: Check all that apply. | | |

| 4.10 | Capitalone | Last 4 digits of account number NULL | \$ <u>1,094.00</u> |
|----------|--|--|--------------------|
| | Creditor's Name | 0005 0047 | |
| | Po Box 26625 | When was the debt incurred? 2005-2017 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Richmond VA 23261 | Unliquidated | |
| | City State Zip Code | Disputed | |
| Y | Vho owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| [| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| !: | s the claim subject to offest? | | |
| | No | Other. Specify Credit Card or Credit Use | |
| | Yes | AILILI I | . 1 276 00 |
| 4.11 | Capitalone | Last 4 digits of account number NULL | \$ <u>1,376.00</u> |
| | Creditor's Name Po Box 26625 | When was the debt incurred? 2007-2017 | |
| | | when was the dept incurred: | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Disharand NA 00004 | Contingent | |
| | Richmond VA 23261 | Unliquidated | |
| l v | City State Zip Code Who owes the debt? Check one. | Disputed | |
| i | Debtor 1 only | | |
| l i | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| 1 | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | | that you did not report as priority claims | |
| [| Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| l: | s the claim subject to offest? | Debts to perision of profit-sharing plans, and other similar debts | |
| | No | Other. Specify Credit Card or Credit Use | |
| Ī | Yes | Officer, Specify | |
| 4.12 | CBNA | Last 4 digits of account number NULL | \$ 359.00 |
| | Creditor's Name | | |
| | 50 Northwest Point Road | When was the debt incurred? 2006-2016 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Elk Grove Village IL 60007 | Unliquidated | |
| | City State Zip Code | | |
| <u>v</u> | Vho owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| L | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| [| Debtor 1 and Debtor 2 only | Student loans | |
| [| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| [| Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| l: | s the claim subject to offest? | | |
| | No | Other. Specify Credit Card or Credit Use | |
| | Yes | | |

| Debtor 1 | James First Name Your | Case 18-01067 Arthur Middle Name | | Last Name | Entered 01/15/18 12 Page 25 of 62 Case Number (if known | | l — |
|--|-----------------------|------------------------------------|-------|-----------------------------|---|--|--------|
| After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. | | | | | | | |
| 4.13 | BNA | 20 | _ Las | t 4 digits of account numbe | NULL | | , |

| After lis | sting any entries on this page, number them b | peginning with 4.4, followed by 4.5, and | ning with 4.4, followed by 4.5, and so forth. | | |
|-----------|--|--|---|---------------------|--|
| 4.13 | CBNA | Last 4 digits of account number | NULL | \$ 406.00 | |
| | Creditor's Name | | | | |
| | Po Box 6189 | When was the debt incurred? | 1999-2017 | | |
| | Number Street | | | | |
| | | As of the date you file, the claim is: | Check all that apply. | | |
| | | Contingent | | | |
| | Sioux Falls SD 57117 | Unliquidated | | | |
| ١ , | City State Zip Code Vho owes the debt? Check one. | Disputed | | | |
| ľ | Debtor 1 only | . | | | |
| 7 | Debtor 2 only | Type of NONPRIORITY unsecured cl | laim: | | |
| | Debtor 1 and Debtor 2 only | Student loans | ann. | | |
| | At least one of the debtors and another | Obligations arising out of a separation | on agreement or divorce | | |
| | | that you did not report as priority clai | | | |
| - | Check if this claim relates to a community debt | Debts to pension or profit-sharing pla | | | |
| Is | s the claim subject to offest? | | ino, and other ominal door | | |
| | No | Other. Specify Credit Card or C | redit Use | | |
| | Yes | | | | |
| 4.14 | Chase CARD | Last 4 digits of account number | NULL | <u>\$ 12,398.00</u> | |
| | Creditor's Name | | 2012-2017 | | |
| | Po Box 15298 | When was the debt incurred? | 2012-2011 | | |
| | Number Street | | | | |
| | | As of the date you file, the claim is: | Check all that apply. | | |
| | Wilmington DE 10050 | Contingent | | | |
| v | Wilmington DE 19850 | Unliquidated | | | |
| | City State Zip Code Vho owes the debt? Check one. | Disputed | | | |
| | Debtor 1 only | | | | |
| Ī | Debtor 2 only | Type of NONPRIORITY unsecured cl | laim: | | |
| Ī | Debtor 1 and Debtor 2 only | Student loans | | | |
| Ī | At least one of the debtors and another | Obligations arising out of a separation | on agreement or divorce | | |
| Ī | Check if this claim relates to a | that you did not report as priority clai | ims | | |
| - | community debt | Debts to pension or profit-sharing pla | ans, and other similar debts | | |
| Is | the claim subject to offest? | _ | | | |
| | No | Other. Specify Credit Card or C | credit Use | | |
| | Yes | | NO. III. | | |
| 4.15 | Comenitycap/Chldplce | Last 4 digits of account number | NULL | \$ <u>386.00</u> | |
| | Creditor's Name Po Box 182120 | When was the debt incurred? | 2013-2017 | | |
| | | Wileii was the dest incurred: | | | |
| | Number Street | | | | |
| | | As of the date you file, the claim is: | Check all that apply. | | |
| | Columbus OH 43218 | Contingent | | | |
| | City State Zip Code | Unliquidated | | | |
| v | /ho owes the debt? Check one. | Disputed | | | |
| | Debtor 1 only | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured cl | laim: | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | |
| [| At least one of the debtors and another | Obligations arising out of a separation | n agreement or divorce | | |
| Ē | Check if this claim relates to a | that you did not report as priority clai | ms | | |
| | community debt | Debts to pension or profit-sharing pla | ans, and other similar debts | | |
| ls | s the claim subject to offest? | _ | | | |
| | No | Other. Specify Credit Card or C | redit Use | | |
| | Yes | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

| | First Name | Middle Name | • | Last Name | , , , | |
|----------|------------|---------------|-------|-------------|--------------------------------------|-----------|
| Debtor 1 | James | Arthur | | മൂറ്റുument | Page 26 of 62 Case Number (if known) | |
| | | Case 18-01067 | DOC T | | EHIGHER 01/12/19 17:12:17 | Desc Main |

| Par | Your NONPRIORITY Unsecured Claims - (| Continuation Page | |
|----------|---|---|--------------------|
| After li | sting any entries on this page, number them I | beginning with 4.4, followed by 4.5, and so forth. | Total Claim |
| 4.16 | Consultants in Cardiology & Electrophysi | Last 4 digits of account number | \$ <u>35.82</u> |
| | Creditor's Name | When was the debt incurred? | |
| | 3545 95th Street Number Street | when was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Evergreen Park IL 60805 | Contingent | |
| | City State Zip Code | Unliquidated | |
| ' | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| ! | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| ! | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a community debt | that you did not report as priority claims | |
| 1 | s the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| | No | Other. Specify | |
| | Yes | | |
| 4.17 | Credit ONE BANK NA | Last 4 digits of account number NULL | \$ <u>2,763.00</u> |
| | Creditor's Name | When was the debt incurred? 2005-2017 | |
| | Po Box 98875 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Las Vegas NV 89193 | Contingent | |
| | City State Zip Code | Unliquidated | |
| \ \ | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| [| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ! | Debtor 1 and Debtor 2 only | Student loans | |
| [| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| [| Check if this claim relates to a | that you did not report as priority claims | |
| ١. | community debt s the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| İ | No | Other. Specify Credit Card or Credit Use | |
| Ī | Yes | Officer. Specify | |
| 4.18 | ELAN Financial Service | Last 4 digits of account numberNULL | \$ <u>9,469.00</u> |
| | Creditor's Name | When was the debt incurred? 2012-2017 | |
| | Po Box 108 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Saint Louis MO 63166 | Contingent | |
| | City State Zip Code | Unliquidated | |
| \ | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| [| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| [| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| [| Check if this claim relates to a | that you did not report as priority claims | |
| . | community debt s the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| 1 | No | Other. Specify Credit Card or Credit Use | |
| | Yes | Onler. Specify | |
| | | | |

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Case Number (if known) Document James Arthur Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim**

| 4.19 | Illinois Gastroenterology Group Creditor's Name | Last 4 digits of account number | \$ <u>255.00</u> |
|------|---|---|------------------|
| | 220 W Campus Drive # 102 | When was the debt incurred? | |
| | | Wileli was the dept incurred: | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Adia star Hairbia | Contingent | |
| | Arlington Heights IL 60004 | Unliquidated | |
| ' | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| l i | Check if this claim relates to a | that you did not report as priority claims | |
| ' | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| ! | ls the claim subject to offest? | | |
| | No | Other. Specify Credit Card or Credit Use | |
| | Yes | | |
| 4.20 | Illinois Gastronenterology Group | Last 4 digits of account number | <u>\$ 145.00</u> |
| | Creditor's Name | | |
| | PO Box 7630 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Gurnee IL 60031 | Unliquidated | |
| Ι, | City State Zip Code | Disputed | |
| ` | Who owes the debt? Check one. | П | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| Ι. | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | | |
| | No | Other. Specify Medical Debt | |
| | Yes Integrated Imaging Consultants | | \$ 9.00 |
| 4.21 | Creditor's Name | Last 4 digits of account number | 3 9.00 |
| | 44000 Garfield Rd | When was the debt incurred? | |
| | Number Street | <u> </u> | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Clinton Township MI 48038 | Contingent | |
| | | Unliquidated | |
| , | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| i | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | 5556 to position of profit ordering plane, and outer official doubt | |
| | No | Other. Specify Medical Debt | |
| Li | Yes | опол. ореану | |
| | | | |

Official Form 106E/F

Doc 1 Filed 01/15/18 Entered 01/15/18 12:15:12 Desc Main Case 18-01067

Page 28 of 62 Case Number (if known) Document James Arthur Debtor 1

| Pa | Your NONPRIORITY Unsecured Claims - 0 | Continuation Page | |
|-------|---|---|---------------------|
| After | listing any entries on this page, number them b | eginning with 4.4, followed by 4.5, and so forth. | Total Claim |
| 4.22 | IRS Non-Priority | Last 4 digits of account number | \$_9,000.00 |
| | Creditor's Name | | |
| | PO Box 7346 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Philadelphia PA 19101 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt Is the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| | No | Toyon Fodoral State/Local | |
| | Yes | Other. Specify Taxes - Federal, State/Local | |
| 4.23 | Voyante Consulting | Last 4 digits of account number 6704 | \$ _254.00 |
| | Creditor's Name | 2010.0010 | |
| | 220 W Campus Dr Ste 102 | When was the debt incurred? 2016-2016 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Adiantes Heights III 00004 | Contingent | |
| | Arlington Heights IL 60004 | Unliquidated | |
| | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | Madical Dahi | |
| | Yes | Other. Specify Medical Debt | |
| 4.24 | L \/N\/ Eunding | Last 4 digits of account number | \$ _1,507.34 |
| | Creditor's Name | | |
| | PO Box 10497 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | 0.0000 | Contingent | |
| | Greenville SC 29603 | Unliquidated | |
| | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | On the Orest on Orestal III | |
| | ■ No | Other. Specify Credit Card or Credit Use | |
| | <u></u> Yes | | |

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Page 29 of 62 Case Number (if known) **Document** James Arthur Debtor 1

Your NONPRIORITY Unsecured Claims - Continuation Page

| After li | sting any entries on this page, number them be | eginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|----------|--|---|---------------------|
| 4.25 | Numark Credit Union | Last 4 digits of account number | \$ <u>374.15</u> |
| | Creditor's Name | <u> </u> | |
| | PO Box 2729 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | laliat II CO424 | Contingent | |
| | Joliet IL 60434 | Unliquidated | |
| V | City State Zip Code Vho owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| [| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| [| Check if this claim relates to a | that you did not report as priority claims | |
| . | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | s the claim subject to offest? | Overti Overt and Committee | |
| | No Yes | Other. Specify Credit Card or Credit Use | |
| 4.26 | Portfolio Recovery Assoc. | Last 4 digits of account number | \$ 10,266.72 |
| 7.20 | Creditor's Name | | • |
| | PO Box 41067 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Norfolk VA 23541 | Unliquidated | |
| v | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | – | |
| l i | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| l i | Debtor 1 and Debtor 2 only | Student loans | |
| Ì | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| l i | Check if this claim relates to a | that you did not report as priority claims | |
| ' | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| l: | s the claim subject to offest? | | |
| | No | Other. Specify Collecting for Creditor | |
| | Yes Sears/CBNA | Last 4 digits of account number NULL | \$ 1,309.00 |
| 4.27 | Creditor's Name | Last 4 digits of account number NULL | a 1,508.00 |
| | Po Box 6282 | When was the debt incurred? 1999-2017 | |
| | Number Street | | |
| | | As of the date you file the claim is: Check all that apply | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Sioux Falls SD 57117 | Unliquidated | |
| | City State Zip Code | Disputed | |
| V | Vho owes the debt? Check one. | □ Бізриїса | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans Obligations existing out of a consenting agreement or diverse | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| L | Check if this claim relates to a community debt | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| l: | s the claim subject to offest? | Depote to periologi or profit-originity plants, and outer stitllial depots | |
| | No | Other. Specify Credit Card or Credit Use | |
| | Yes | | |

Official Form 106E/F

| | | Case 18-01067 | Doc 1 | Filed 01/15/18 | Entered 01/15/18 12:15:12 | Desc Main |
|---|------------|---------------|-------|------------------|---------------------------|-----------|
| Debtor 1 | James | Arthur | | D ocument | Page 30 of 62 | |
| | First Name | Middle Name | | Last Name | | |
| Your NONPRIORITY Unsecured Claims - Continuation Page | | | | | | |

| After li | sting any entries on this page, number them be | ginning with 4.4, followed by 4.5, ar | nd so forth. | Total Claim |
|----------|--|--|-------------------------------|--------------------|
| 4.28 | Syncb/JCP | Last 4 digits of account number | NULL | \$ <u>3,021.00</u> |
| | Creditor's Name | When we do do do | 2007-2017 | |
| | Po Box 965007 | When was the debt incurred? | | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | Odenda El cocco | Contingent | | |
| | Orlando FL 32896 | Unliquidated | | |
| V | City State Zip Code Vho owes the debt? Check one. | Disputed | | |
| i | Debtor 1 only | _ | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured of | claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separati | ion agreement or divorce | |
| | | that you did not report as priority cla | - | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing p | | |
| ls: | s the claim subject to offest? | 2000 to point or profit origining p | | |
| | No | Other. Specify Credit Card or | Credit Use | |
| | Yes | Sales Speeding | | |
| 4.29 | Syncb/Lenscrafters | Last 4 digits of account number | NULL | \$ <u>1,820.00</u> |
| | Creditor's Name | | 2012 2017 | |
| | C/O Po Box 965036 | When was the debt incurred? | 2013-2017 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | | Contingent | | |
| | Orlando FL 32896 | Unliquidated | | |
| v | City State Zip Code Who owes the debt? Check one. | Disputed | | |
| ľ | Debtor 1 only | — | | |
| | = | Type of NONDBIODITY | nlaim: | |
| | Debtor 2 and Debtor 3 and | Type of NONPRIORITY unsecured of | SIAIIII: | |
| | Debtor 1 and Debtor 2 only | Student loans Obligations origins out of a concreti | ion carroment as diverse | |
| | At least one of the debtors and another | Obligations arising out of a separati | - | |
| [| Check if this claim relates to a | that you did not report as priority cla | | |
| l le | community debt s the claim subject to offest? | Debts to pension or profit-sharing p | ians, and other similar debis | |
| Î | No | Other. Specify Credit Card or | Credit Use | |
| | Yes | Other. Specify Steam Card Of t | | |
| 4.30 | Syncb/WALMART DC | Last 4 digits of account number | NULL | \$ <u>2,729.00</u> |
| | Creditor's Name | - | | |
| | Po Box 965024 | When was the debt incurred? | 2007-2017 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | | Contingent | | |
| | Orlando FL 32896 | Unliquidated | | |
| | City State Zip Code | Disputed | | |
| V | Vho owes the debt? Check one. | L Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured of | claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| [| At least one of the debtors and another | Obligations arising out of a separati | - | |
| | Check if this claim relates to a | that you did not report as priority cla | | |
| | community debt | Debts to pension or profit-sharing p | lans, and other similar debts | |
| | s the claim subject to offest? No | | Over 15 Library | |
| | No Yes | Other. Specify Credit Card or | Credit Use | |
| | 1 E S | | | |

Official Form 106E/F

Doc 1 Filed 01/15/18 Entered 01/15/18 12:15:12 Desc Main Case 18-01067 Page 31 of 62
Case Number (if known) Document James Arthur Debtor 1 Wells Fargo Home Mortgage **\$** 0.00 4.31 Last 4 digits of account number Creditor's Name 8480 Stagecoach Cir When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Frederick Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another

Debts to pension or profit-sharing plans, and other similar debts

that you did not report as priority claims

Other. Specify Mortgage Deficiency

Check if this claim relates to a

community debt
Is the claim subject to offest?

No

Case 18-01067 Doc 1 Filed 01/15/18 Entered 01/15/18 12:15:12 Desc Main

James

Arthur

Document

Page 32 of 62 Case Number (if known)

Debtor 1

Middle Name

| Part 3: | List Others to Be Notified for a Debt That You Already Listed |
|---------|---|
|---------|---|

| Use this page only if you have others to be notif example, if a collection agency is trying to collection agency here. Similarly, additional creditors here. If you do not have add | ct from you for a debt you if you have more than | ou owe to someone else, list the origin one creditor for any of the debts that y | nal creditor in Parts 1 or ou listed in Parts 1 or 2, list the |
|---|--|---|---|
| Linebarger Goggan Blair &, Bankruptcy Dept. | | On which entry in Part 1 or Part 2 | list the original creditor? |
| Name PO Box 06140 | | Line1 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | |
| Chicago | IL 60606 State Zip Code | Last 4 digits of account number | |
| ICS/Illinois Collection Serv., Bankruptcy Dept. | Oldic Zip Oodc | On which entry in Part 1 or Part 2 | list the original creditor? |
| Name 8231 W. 185th Street | | Line1 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | |
| Tinley Park City | IL 60487 State Zip Code | Last 4 digits of account number | |
| ICS/Illinois Collection Serv., Bankruptcy Dept. | | On which entry in Part 1 or Part 2 | list the original creditor? |
| Name 8231 W. 185th Street | | Line 18 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | |
| Tinley Park City | IL 60487 State Zip Code | Last 4 digits of account number | |
| Clerk, Chancery, 10CH49142 | Clair Lip Code | On which entry in Part 1 or Part 2 | list the original creditor? |
| Name 50 W. Washington St., Room 802 | | Line 28 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | |
| Chicago | IL 60602 State Zip Code | Last 4 digits of account number | |
| City | State Zip Code | | |
| Pierce & Associates, 10 CH 49142 Name | | On which entry in Part 1 or Part 2 | _ |
| 1 N. Dearborn St. #1300 Number Street | | Line <u>28</u> of (Check one): | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | a.c.2. Sealed was resignantly endedded diamed |
| Chicago | IL 60602 | Last 4 digits of account number | |
| City | State Zip Code | | |

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James Debtor 1

Arthur

Add the Amounts for Each Type of Unsecured Claim

Document

| 6. | Total the amounts of certain types of unsecured claims. | This information is for statistical reporting purposes only. 28 U.S.C. § 159. |
|----|---|---|
| | Add the amounts for each type of unsecured claim. | |

| | | | Total claim |
|-----------------------------|--|------------|---------------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$0.00 |
| Irom Part 1 | 6b. Taxes and Certain other debts you owe the government | 6b. | \$6,957.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$6,957.00 |
| | | | |
| | | | Total claim |
| Total claims | 6f. Student loans | 6f. | Total claim \$0.00 |
| Total claims from Part 2 | 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6f. 6g. | 0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority | | \$0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other | 6g. | \$ |

| Fill | l in this inf | Caco 19 formation to iden | | Filad 01/15/19 | | ed 01/15/18 12:15:12 4 of 62 | Desc Main | |
|------|--|---|--|--|------------------------|---|------------------------------------|-------|
| De | ebtor 1 | James | Arthur | Sims | | | | |
| 20 | | First Name | Middle Name | Last Name | | | | |
| | ebtor 2 ouse, if filing) | First Name | Middle Name | Last Name | | | | |
| Un | ited States | Bankruptcy Court fo | r the : <u>NORTHERN</u> District of _ | <u>ILLINOIS</u> _ | | | | |
| | se Number | | | (State) | | | Check if this is an amended filing | |
| | | orm 106G | | | | | amended lilling | |
| | | | ory Contracts and | | | | | 12/15 |
| 1. D | nation. If monal pages o you hav No. Cho Yes. Fill | nore space is needs, write your name eany executory each this box and so in all of the informely each personent, vehicle lease, | eded, copy the additional page, the and case number (if known), contracts or unexpired leases submit this form to the court with mation below even if the contract or company with whom you have | fill it out, number the end of the second of | ou have not Schedule A | ly responsible for supplying correct attach it to this page. On the top of a thing else to report on this form. AB: Property (Official Form 106A/B) What each contract or lease is for a clet for more examples of executory contracts. | any (for | |
| F | · | | hom you have the contract or l | ease | | State what the contract or leas | se is for | |
| 2.1 | | | | | - | | | |
| | Name | | | | _ | | | |
| | Number | Street | | | | | | |
| | City | | State Zip | Code | - | | | |
| 2.2 | | | | | | | | |
| 2.2 | Name | | | | - | | | |
| | | | | | _ | | | |
| | Number | Street | | | | | | |
| | City | | State Zip | Code | _ | | | |
| 2.3 | | | | | | | | |
| | Name | | | | _ | | | |
| | Number | Street | | | _ | | | |
| | City | | State Zip | Code | _ | | | |
| 2.4 | | | | | | | | |
| | Name | | | | - | | | |
| | Number | Street | | | _ | | | |
| | City | | State Zip | Code | _ | | | |
| 2.5 | | | | | | | | |
| _ | Name | | | | - | | | |
| | Number | Street | | | _ | | | |

State Zip Code

City

Case 18-01067 Doc 1 Filed 01/15/18 Entered 01/15/18 12:15:12 Desc Main

| Fill in this in | nformation to iden | tify your case: | |
|---------------------|---------------------|---------------------------------------|-----------|
| Debtor 1 | James | Arthur | Sims |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court fo | r the : <u>NORTHERN</u> District of _ | |
| Case Number | r | | (State) |
| (If known) | | | |

Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any A | dditional Pages, wr | te your name and case numbe | r (if known). Answer every | question. | |
|-------------|---------------------|--|--------------------------------|---------------------|--|
| 1. D | o you have any coo | ebtors? (If you are filing a joint | case, do not list either spous | se as a codebtor.) | |
| | No. | | | | |
| | Yes | | | | |
| | = | s, have you lived in a commur aho, Lousiiana, Nevada, New M | | | roperty states and territories include Visconsin.) |
| | No. Go to line 3. | | | | |
| | Yes. Did your sp | ouse, former spouse, or legal ed | uivalent live with you at the | time? | |
| | _ | n community state or territory die | d you live? | Fill in the n | ame and current address of that person. |
| | Name of your spo | use, former spouse or legal equivalent | | | |
| | Number St | reet | | | |
| | City | | State | Zip Code | |
| 3 In | - | f vour codebtors. Do not inclu | | • | is filing with you. List the person |
| | · · | Form 106D), Schedule E/F (Off edule G to fill out Column 2. debtor | icial Form 106E/F), or Sche | dule G (Official Fo | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | | | | | Schedule D, line |
| | Name | | | _ | Schedule E/F, line |
| | Number Stree | et | | | Schedule G, line |
| | City | S | tate Z | Zip Code | |
| 3.2 | | | | _ | Schedule D, line |
| | Name | | | _ | Schedule E/F, line |
| | Number Stree | et | | _ | Schedule G, line |
| | City | S | tate Z | Zip Code | _ |
| 3.3 | | | | _ | Schedule D, line |
| | Name | | | _ | Schedule E/F, line |
| | Number Stree | et | | | Schedule G, line |
| | City | S | tate Z | Zip Code | |

Official Form 106H Record # 746696 Schedule H: Your Codebtors Page 1 of 1

| | Case 18-01067 | Doc 1 | Filed 01/15/ | | | '18 12:1 | L5:12 | Desc Ma | in |
|---|---|--|--|--|----------------------------------|---|--|---------------------------------------|------|
| Fill in this i | nformation to identify your | case: | 13(3(3)) | T THAT SA | 01 02 | | | | |
| Debtor 1 | James | Arthur | Sims | | 1 | | | | |
| D.H. O | First Name | Middle Name | Last Name | | | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | | |
| United State | s Bankruptcy Court for the : <u>N</u> | ORTHERN DISTRI | CT OF ILLINOIS | | | | | | |
| Case Numbe (If known) | er | | | | Che | | led filing nent show | ving post-petitic as of the follow | |
| ⊃tt: -: - I ⊏ | orm 1061 | | | | | | | | |
| <u> Jπiciai F</u> | <u>form 106I</u> | | | | | MM / DD / | YYYY | | |
| | le I: Your Incor | me | | | | MM / DD / | YYYY | | 12/1 |
| Schedu Be as complete supplying corre f you are sepa separate sheet | | f two married peo arried and not fili t filing with you, | ing jointly, and your s do not include inform | pouse is living with | n you, include oouse. If more | re equally re information space is ne | esponsible about you eded, atta | ır spouse. | 12/1 |
| Schedu Be as complete supplying corr f you are sepa separate sheet Part 1: | e and accurate as possible. I ect information. If you are m rated and your spouse is no to this form. On the top of a Describe Employment | f two married peo arried and not fili t filing with you, | ing jointly, and your s do not include inform ges, write your name a | pouse is living with | n you, include oouse. If more | re equally re information space is ne | esponsible about you eded, attac uestion. | ır spouse. | |
| Schedu Be as complete supplying corref you are separate sheet Part 1: 1. Fill in you informati If you ha attach a | le I: Your Incor e and accurate as possible. I ect information. If you are m rated and your spouse is no to this form. On the top of a Describe Employment on we more than one job, separate page with on about additional | f two married peo arried and not fili t filing with you, | ing jointly, and your s do not include inform ges, write your name a | pouse is living with ation about your sp and case number (if | n you, include oouse. If more | re equally re information space is ne | esponsible about you eded, attac uestion. | or spouse. 2 or non-filing s | |

Occupation may Include student or homemaker, if it applies. **Employers name Employers address** How long employed there? Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary and commissions (before all payroll \$0.00 \$4,313.23 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. \$0.00 \$0.00 Calculate gross income. Add line 2 + line 3. \$4,313.23 \$0.00

 Official Form 106I
 Record # 746696
 Schedule I: Your Income
 Page 1 of 2

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Case Number (if known) Document Arthur James Debtor 1 First Name Middle Name Last Name

| | | | | For Debtor 1 | | r Debtor 2 or n-filing spouse | |
|----------------|------------------------|---|--------------|----------------------|--------|----------------------------------|----------------------|
| | Сору | r line 4 here | 4. | \$4,313.23 | | \$0.00 | |
| 5. Li s | st all | payroll deductions: | | | | | |
| | 5a. T | ax, Medicare, and Social Security deductions | 5a. _ | \$0.00 | | \$0.00 | |
| | 5b. N | landatory contributions for retirement plans | 5b. _ | \$0.00 | | \$0.00 | |
| | 5c. V | oluntary contributions for retirement plans | 5c. | \$0.00 | | \$0.00 | |
| | 5d. F | Required repayments of retirement fund loans | 5d. | \$0.00 | | \$0.00 | |
| | 5e. lı | nsurance | 5e. | \$0.00 | | \$0.00 | |
| | 5f. C | Omestic support obligations | 5f. | \$0.00 | | \$0.00 | |
| | 5g. L | Inion dues | 5g. | \$0.00 | _ | \$0.00 | |
| | 5h. C | Other deductions. Specify: | 5h. | \$0.00 | | \$0.00 | |
| 6. Ad | d the | payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h. | 6 | \$0.00 | | \$0.00 | |
| 7. Ca | lcula | te total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$4,313.23 | | \$0.00 | |
| 8. Lis | t all | other income regularly received: | _ | | | | |
| | 8a. | Net income from rental property and from operating a business, | | | | | |
| | | profession, or farm | | | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | |
| | | monthly net income. | 8a. | \$0.00 | | \$0.00 | |
| | 8b. | Interest and dividends | 8b. | \$0.00 | | \$0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8c. | \$ 0.00 | | \$ 0.00 | |
| | | Include alimony, spousal support, child support, maintenance, divorce | | | | | |
| | | settlement, and property settlement. | | | | | |
| | 8d. | Unemployment compensation | 8d. — | \$0.00 | | \$0.00 | |
| | 8e. | Social Security | 8e. — | \$0.00 | | \$0.00 | |
| | 8f. | Other government assistance that you regularly receive | 8f. | \$0.00 | | \$0.00 | |
| | | Include cash assistance and the value (if known) of any non-cash | | | | | |
| | | assistance that you receive, such as food stamps (benefits under the | | | | | |
| | | Supplemental Nutrition Assistance Program) or housing subsidies. | | | | | |
| | 0 | Specify: | 0 | #0.00 | | #0.00 | |
| | 8g. | Pension or retirement income | 8g. — | \$0.00 | _ | \$0.00 | |
| | 8h. | Other monthly income. Specify: | 8h. — | \$0.00 | _ | \$0.00 | |
| 9. | Add | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9 | \$0.00 | _ | \$0.00 | |
| 10. | Calc | ulate monthly income. Add line 7 + line 9. | 10. | \$4,313.23 + | | \$0.00 | \$4,313.2 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | <u> </u> | ψ 1,0 101 <u>2</u> 0 | L | 40.00 | Ψ-1,010.24 |
| | Inclu other Do n | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are notifier. | our dependen | | | | 44 PO O |
| | Spec | шу | | | | 1 | 11. \$0.0 |
| | | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Ce | | • | applie | s | 12. \$4,313.2 |
| 13. | _ | ou expect an increase or decrease within the year after you file this form | ? | | | | |
| | | | | | | | |
| | П, | es. Explain: | | | | | |
| | | | | | | | |

| Fill in this in | nformation to identify you | ur case: | | | | |
|---------------------------------|---|--|--|---|--|-------------------------------|
| Debtor 1 | James | Arthur | Sims | Check if this is: | | |
| Duldana | First Name | Middle Name | Last Name | An amende | Ū | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | ent snowing post of the following d | -petition chapter 13 ate: |
| United States | s Bankruptcy Court for the : | NORTHERN DISTRICT O | F ILLINOIS_ | | | |
| Case Numbe | er | | _ | MM / DD / Y | YYYY | |
| | | | | | = | 2 because Debtor 2 |
| Official F | <u>form 106J</u> | | | ☐ maintains a | separate house | hold. |
| Schedul | le J: Your Exp | enses | | | | 12/14 |
| more space is every question | needed, attach another s | | | n are equally responsible for supplyi ages, write your name and case num | _ | |
| | Describe Your Household | | | | | |
| _ = | Go to line 2. Does Debtor 2 live in a se | eparate household? file a separate Schedu | e J. | | | |
| _ | have dependents? | No No | | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not li Debtor 2 | ist Debtor 1 and 2. | | this information for dent | Son | 21 | No |
| | state the dependents' | | | Son | | X Yes |
| names. | | | | | | x No |
| | | | | | | Yes |
| | | | | | | X No Yes |
| | | | | | | X No |
| | | | | | | Yes |
| | | | | | | X No |
| | | | | | | Yes |
| _ | expenses include es of people other than | X No | | | | |
| yourself | f and your dependents? | Yes | | | | |
| Part 2: | Estimate Your Ongoing Mo | nthly Expenses | | | | |
| - | of a date after the bankru | | | rm as a supplement in a Chapter 13 of J, check the box at the top of the forr | | |
| | = | - | nce if you know the value Income (Official Form 106 | | Υ | our expenses |
| 4. The ren | tal or home ownership ex | knenses for your resid | ence. Include first mortgag | ge payments and | | |
| | t for the ground or lot. | .po | one on the state of the state o | go paymonto ana | 4. | \$1,200.00 |
| If not in | cluded in line 4: | | | | | |
| 4a. Re | eal estate taxes | | | | 4a. | \$0.00 |
| 4b. Pr | roperty, homeowner's, or re | enter's insurance | | | 4b. | \$0.00 |
| | ome maintenance, repair, | | | | 4c. | \$50.00 |
| 4d. Ho | omeowner's association or | condominium dues | | | 4d. | \$0.00 |

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Debtor 1 James Arthur Document Sims Page 39 of 62 Case Number (if known) _

| | | Your expens | es |
|--|--------------|-------------|---------|
| 5. Additional Mortgage payments for your residence, such as home equity loans | 5. | | \$0.0 |
| 6. Utilities: | | | |
| 6a. Electricity, heat, natural gas | 6a. | | \$360.0 |
| 6b. Water, sewer, garbage collection | 6b. | | \$0.0 |
| 6c. Telephone, cell phone, internet, satellite, and cable service | 6c. | | \$320.0 |
| 6d. Other. Specify: | 6d. | \$ | 0.0 |
| Food and housekeeping supplies | 7. | | \$650.0 |
| Childcare and children's education costs | 8. | | \$0.0 |
| Clothing, laundry, and dry cleaning | 9. | | \$200.0 |
| Personal care products and services | 10. | | \$170.0 |
| Medical and dental expenses | 11. | | \$158.0 |
| Transportation. Include gas, maintenance, bus or train fare. | 12. | | \$520.0 |
| Do not include car payments. | | | |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | | \$80.0 |
| 4. Charitable contributions and religious donations | 14. | | \$0.0 |
| 5. Insurance. | | | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life insurance | 15a. | | \$0.0 |
| 15b. Health insurance | 15b. | | \$250.0 |
| 15c. Vehicle insurance | 15c. | | \$350.0 |
| 15d. Other insurance. Specify: | 15d. | | \$0.0 |
| 6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Specify: | 16. | | \$0.0 |
| 7. Installment or lease payments: | | | |
| 17a. Car payments for Vehicle 1 | 17a. | | \$0.0 |
| 17b. Car payments for Vehicle 2 | 17b. | | \$0.0 |
| 17c. Other. Specify: | 17c. | | \$0.0 |
| 17d. Other. Specify: | 17d. | | \$0.0 |
| 8. Your payments of alimony, maintenance, and support that you did not report as deducted | | | |
| from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | | \$0.0 |
| 9. Other payments you make to support others who do not live with you. | | | |
| Specify: | 19. | | \$0.0 |
| | e. | | |
| 0. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income | | | \$ 0.0 |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income 20a. Mortgages on other property | 20a. | | 0.0 |
| | 20a. 20b. | \$ | 0.0 |
| 20a. Mortgages on other property | | \$ \$ | |
| 20a. Mortgages on other property 20b. Real estate taxes | 20b. | | 0.0 |

Official Form 106J Record # 746696 Schedule J: Your Expenses

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| Debtor | 1 James | s Arthur | Sims | Case Number (if known) | |
|--------|-----------|---|--|------------------------|------------------|
| | First Nar | ne Middle Name | Last Name | | |
| 21. | Other. S | pecify: Postage/Bank Fees (\$5.00), | | 21 | \$5.00 |
| 22 | Your mor | nthly expense: Add lines 4 through | 21. | 22 | \$4,313.00 |
| | The resul | t is your monthly expenses. | | | |
| | | | | | |
| 23. | Calculate | your monthly net income. | | | |
| | 23a. | Copy line 12 (your comibined mon | thly income) from Schedule I. | 238 | s4,313.23 |
| | 23b. | Copy your monthly expenses from | line 22 above. | 23b | \$4,313.00 |
| | 23c. | Subtract your monthly expenses fr | • | 230 | s. \$0.23 |
| | | The result is your monthly net inco | ome. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 24. | Do you e | xpect an increase or decrease in y | our expenses within the year after you | file this form? | |
| | For exam | ple, do you expect to finish paying for | or your car loan within the year or do you | expect your | |
| | ~~ | payment to increase or decrease be | ecause of a modification to the terms of | your mortgage? | |
| | X No | | | | |
| | Yes. | Explain Here: | | | |
| | | | | | |
| | | | | | |
| | | | | | |

 Official Form 106J
 Record #
 746696
 Schedule J: Your Expenses
 Page 3 of 3

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|---|
| Did you pay or agree to pay someone who is NO | T an attorney to help you fill out bankruptcy forms? |
| Yes. Name of Person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| Under penalty of perjury, I declare that I have rea correct. | ad the summary and schedules filed with this declaration and that they are true and |
| ★ /s/ James Arthur Sims | * |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date 01/10/2018 MM / DD / YYYY | DateMM / DD / YYYY |

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| | | | Ocument | Luuc TZ |
|---------------------------|----------------------|--|-----------|---------|
| Fill in this in | nformation to iden | tify your case: | | |
| | | | | |
| Debtor 1 | James | Arthur | Sims | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States | Bankruntey Court for | r the : NORTHERN District of | ILLINOIS | |
| Office Otates | Dankiuptoy Court for | Tulo IVOIVIIIEIVI Diotriot of | (State) | |
| Case Number (If known) | r | | _ | |
| () | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

| | us and Where You Lived Before | | | |
|---|--|--|---|---|
| What is your current marital status? | | | | |
| Married | | | | |
| Not married | | | | |
| During the last 3 years, have you lived any | where other than where you liv | e now? | | |
| No. | | | | |
| Yes. List all of the places you lived in the | last 3 years. Do not include wh | ere you live now. | | |
| Debtor 1 | Dates Debtor | 1 Debtor 2: | | Dates Debtor 2 |
| Within the last 8 years, did you ever live wi | lived there | | | lived there |
| Yes. Make sure you fill out Schedule H: Y | our Codebtors (Official Form 10 | 06H). | | |
| Did you have any income from employmen Fill in the total amount of income you receive If you are filing a joint case and you have income No. | ed from all jobs and all businesse | es, including part-time activitie | es. | |
| Did you have any income from employmen Fill in the total amount of income you receive If you are filing a joint case and you have inc | ed from all jobs and all businesse ome that you receive together, I | es, including part-time activitie | es. I. | |
| Did you have any income from employment Fill in the total amount of income you receive If you are filing a joint case and you have income No. | ed from all jobs and all businesse | es, including part-time activitie | es. | Gross income (before deductions and exclusions) |
| Did you have any income from employmen Fill in the total amount of income you receive If you are filing a joint case and you have income No. | ed from all jobs and all businesse ome that you receive together, I Debtor 1 Sources of income | es, including part-time activitie ist it only once under Debtor 1 Gross income (before deductions and | Debtor 2 Sources of income | (before deductions and |
| Did you have any income from employment Fill in the total amount of income you receive If you are filing a joint case and you have income No. Yes. Fill in the details | d from all jobs and all businesse ome that you receive together, I Debtor 1 Sources of income Check all that apply | es, including part-time activitie ist it only once under Debtor 1 Gross income (before deductions and exclusions) | Debtor 2 Sources of income Check all that apply | (before deductions and |

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| Debtor 1 | James | Arthur | Sims | Ca: | se Number (if known) | | | | | |
|--|--|--|--|--|---|---|--|--|--|--|
| | First Name | Middle Name | Last Name | | | | | | | |
| In ar wi Li: | clude income regardle nd other public benefit innings. If you are filing | ss of whether that incor payments; pensions; re g a joint case and you h | ental income; interest; divider ave income that you receive | ther income are alimony; chile ds; money collected from law d together, list it only once un | years? ome are alimony; child support; Social Security, unemployment, ney collected from lawsuits; royalties; and gambling and lottery ier, list it only once under Debtor 1. income that you listed in line 4. | | | | | |
| | Yes. Fill in the details | 3 | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income Describe below. | Gross income (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) | | | | |
| | From January 1 of o | current vear until | Workers | \$1990.72 Biweekly | | | | | | |
| | the date you filed fo | - | compensation | | | | | | | |
| | and date you mound | , samuaptoj. | | | | | | | | |
| | For last calendar ye | ar: | Worker's | \$51,758 | | | | | | |
| | (January 1 to Decer | nber 31, 2017) | Compensation | | | | | | | |
| | | | | | | | | | | |
| | For last calendar ye | ar: | Worker's | \$51,758 | | | | | | |
| | (January 1 to Decen | | Compensation | | | | | | | |
| | (Junuary 1 to 2000) | | | | | | | | | |
| | | | | | | | | | | |
| 06 A | | | e You Filed for Bankruptcy | | | | | | | |
| | "incurred by an | individual primarily for | a personal, family, or housel | nsumer debts are defined in a nold purpose." of creditor a total of \$6,225* or | | | | | | |
| | ☐ No. Go to line 7. | | | | | | | | | |
| Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. | | | | | | | | | | |
| | _ | • | orimarily consumer debts. or bankruptcy, did you pay ar | ny creditor a total of \$600 or n | nore? | | | | | |
| | No. Go to I | ine 7. | | | | | | | | |
| | creditor. Do | o not include payments | | or more and the total amoun ions, such as child support ar pankruptcy case. | | | | | | |
| | | | Dates of payments | Total amount paid | Amount you still owe | Was this payment for | | | | |
| | | | | | | | | | | |

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| ebtor 1 | James | Arthur | Sims | | Case Number (if known |) |
|--|--|--|---|---|--|---|
| | First Name | Middle Name | Last Name | _ | , | |
| Insi cor age suc | iders include your rela porations of which yo | filed for bankruptcy, did yo atives; any general partners u are an officer, director, pe a business you operate as a d alimony. | ; relatives of any general erson in control, or owner | partners; partnership of 20% or more of the | s of which you are a gen eir voting securities; and | any managing |
| | Yes. List all payment | ts to an insider. | | | | |
| | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| an Inc | insider? | filed for bankruptcy, did you | | transfer any property | on account of a debt tha | t benefited |
| | Yes. List all payment | ts to an insider. | | | | |
| | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| Part 4 | Identify Legal as | ctions, Repossessions, and I | Foreclosures | | | |
| List | | · | | | | ort or custody |
| | | | Nature of the case | Court o | agency | Status of the case |
| | Wells Fargo Home | Mortgage v. Debtor | Foreclosure | Cook Co | ounty Court of Chancery | Pending |
| | | | | | | On appeal |
| | 10CH49142 | | | | | Concluded |
| | | | | | | |
| Che | | filed for bankruptcy, was an fill in the details below. | ny of your property repos | sessed, foreclosed, g | arnished, attached, seize | d, or levied? |
| or i | refuse to make a pay | ou filed for bankruptcy, di ment because you owed a | | g a bank or financial i | institution, set off any a | mounts from your accounts |
| | No. Go to line 11 Yes. Fill in the inform | antina hala | | | | |
| | | | | | | |
| 2 Wit | hin 1 year before you | u filed for bankruptcy, was | | the possession of a | n assignee for the benef | it of creditors, a |
| 2 Wit | hin 1 year before you | | | the possession of a | n assignee for the benef | it of creditors, a |
| 2 Wit | hin 1 year before you irt-appointed receive | u filed for bankruptcy, was | | the possession of a | n assignee for the benef | it of creditors, a |
| Witt cou | hin 1 year before you irt-appointed receive No. Yes. | u filed for bankruptcy, was r, a custodian, or another | | the possession of a | n assignee for the benef | it of creditors, a |
| 2 Witt cou | hin 1 year before you irt-appointed receive No. Yes. | u filed for bankruptcy, was r, a custodian, or another s and Contributions | official? | | | |
| 2 With cou | hin 1 year before you rrt-appointed receive No. Yes. List Certain Gift thin 2 years before you | u filed for bankruptcy, was r, a custodian, or another | official? | | | |
| Part - | hin 1 year before you rirt-appointed receive No. Yes. List Certain Gift thin 2 years before you | u filed for bankruptcy, was r, a custodian, or another s and Contributions ou filed for bankruptcy, did | official? | | | |
| Part 5 | hin 1 year before yourt-appointed receive No. Yes. List Certain Gift thin 2 years before you No. Yes. Fill in the details | u filed for bankruptcy, was r, a custodian, or another s and Contributions ou filed for bankruptcy, did s for each gift. | official? I you give any gifts with | a total value of more | e than \$600 per person? | |
| Part 4 With the country of the coun | hin 1 year before you retrappointed receive No. Yes. List Certain Gift thin 2 years before you Yes. Yes. Fill in the details thin 2 years before you have the control of t | u filed for bankruptcy, was r, a custodian, or another s and Contributions ou filed for bankruptcy, did | official? I you give any gifts with | a total value of more | e than \$600 per person? | |
| Part 4 | hin 1 year before yourt-appointed received No. Yes. List Certain Gift thin 2 years before you No. Yes. Fill in the details thin 2 years before you No. | u filed for bankruptcy, was ir, a custodian, or another is and Contributions ou filed for bankruptcy, did is for each gift. | official? I you give any gifts with | a total value of more | e than \$600 per person? | |
| Part 4 | hin 1 year before you retrappointed receive No. Yes. List Certain Gift thin 2 years before you Yes. Yes. Fill in the details thin 2 years before you have the control of t | u filed for bankruptcy, was ir, a custodian, or another is and Contributions ou filed for bankruptcy, did is for each gift. | official? I you give any gifts with | a total value of more | e than \$600 per person? | |
| Part 4 With the country of the coun | hin 1 year before you ret-appointed received No. Yes. List Certain Gifte thin 2 years before you No. Yes. Fill in the details thin 2 years before you No. Yes. Fill in the details thin 2 years before you No. | u filed for bankruptcy, was r, a custodian, or another s and Contributions ou filed for bankruptcy, did s for each gift. ou filed for bankruptcy, did s for each gift. | official? I you give any gifts with | a total value of more | e than \$600 per person? | |

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| Debto | or 1 | James | Arthur | Sims | Case Number (if kr | nown) | |
|-------|-------|--------------------------------|-------------------------------|--|---|--------------------------|-------------------|
| | | First Name | Middle Name | Last Name | | | |
| 15 | | hin 1 year before y nbling? | ou filed for bankruptcy or si | nce you filed for bankruptcy, di | id you lose anything because of t | heft, fire, other dis | saster, or |
| | | No. | | | | | |
| | _ | Yes. Fill in the deta | ils for each gift. | | | | |
| P | art 7 | List Certain Pa | ayments or Transfers | | | | |
| 16 | Witl | hin 1 year before y | ou filed for bankruptcy, did | you or anyone else acting on yo | our behalf pay or transfer any pro | pperty to anyone y | ou |
| | | | ng bankruptcy or preparing | | | | |
| | Incl | lude any attorneys, | bankruptcy petition prepare | ers, or credit counseling agenc | ies for services required in your | bankruptcy. | |
| | | No. | | | | | |
| | | Yes. Fill in the deta | ils | | | | |
| | _ | | | | | | |
| | | Party Contact Info | | Description and value of an | y property transferred | Date payment or transfer | Amount of payment |
| | | Geraci Law L.L.C | | | | | \$1,800.00 |
| | | 55 E. Monroe Stre | | | | | |
| | | | | | | | |
| | | Chicago,IL 60603 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Party Contact Info | | Description and value of an | y property transferred | Date payment or transfer | Amount of payment |
| | | Hananwill Credit (| Counseling | Credit Counseling Services | | 2017 | \$25.00 |
| | | 115 N. Cross St. | | | | | |
| | | | | | | | |
| | | Robinson, IL 6245 | 54 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 17 | pro | mised to help you | deal with your creditors or t | o make payments to your credi | our behalf pay or transfer any pro tors? | perty to anyone w | vho |
| | Do | not include any pa | yment or transfer that you li | sted on line 16. | | | |
| | | No. | | | | | |
| | | Yes. Fill in the deta | ils. | | | | |
| | | | | | | | |
| 18 | Witl | hin 2 years before | you filed for bankruptcy, dic | l you sell, trade, or otherwise tr | ansfer any property to anyone, o | ther than property | , |
| | | | nary course of your busines | | | | |
| | | _ | | e as security (such as the grant Iready listed on this statement. | ting of a security interest or mort | gage on your prop | erty). |
| | _ | not include gifts at | iu transiers triat you nave a | neady noted on this statement. | | | |
| | | No. | | | | | |
| | | Yes. Fill in the deta | ils for each gift. | | | | |
| 19 | Wit | hin 10 years before | you filed for bankruptcy, d | id you transfer any property to | a self-settled trust or similar devi | ice of which you a | re a |
| | | - | re often called asset-protect | | | • | |
| | | No. | | | | | |
| | | Yes. Fill in the deta | ils for each gift. | | | | |
| | | | | | | | |
| P | art 8 | List Certain Fi | nancial Accounts, Instrument | s, Safe Deposit Boxes, and Storag | je Units | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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| Debtor 1 | James | Arthur | Sims | Case | Number (if known) | | | |
|---|--|--|--|----------------------------------|---------------------------------------|--|--|--|
| | First Name | Middle Name | Last Name | | | | | |
| 20 W | ithin 1 vear before vo | ou filed for bankruptcy | , were any financial accounts or ir | nstruments held in your | name. or for your bene | fit, closed. | | |
| | sold, moved, or transferred? | | | | | | | |
| Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | | |
| no | ouses, pension tunas _ | s, cooperatives, assoc | lations, and other financial institut | ions. | | | | |
| | No. | | | | | | | |
| | Yes. Fill in the detai | ails. | | | | | | |
| | | | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, | Last balance before closing or transfer | | |
| | | | | monument | or transferred | closing of transfer | | |
| | | | | | | | | |
| | o you now have, or d ash, or other valuable | | ear before you filed for bankruptcy | , any safe deposit box o | or other depository for | securities, | | |
| | No. | | | | | | | |
| - | Yes. Fill in the detai | ls | | | | | | |
| _ | | | Who else had access to it? | Describe the conte | nts | Do you still | | |
| | | | | | | have it? | | |
| 22 Ha | ave you stored prope | erty in a storage unit o | r place other than your home with | in 1 year before you filed | for bankruptcy? | | | |
| | No. | | | | | | | |
| | Yes. Fill in the detai | ls. | | | | | | |
| _ | _ | | Who else has or had access to it? | Describe the conte | nts | Do you still | | |
| | | | | | | have it? | | |
| Part | Identify Proper | ty You Hold or Control | for Someone Else | | | | | |
| | o you hold or control or someone. | any property that sor | neone else owns? Include any pro | perty you borrowed fron | n, are storing for, or ho | old in trust | | |
| | No. | | | | | | | |
| F | Yes. Fill in the detai | ls. | | | | | | |
| _ | _ | | Where is the property? | Describe the prope | rty | Value | | |
| | | | | | | | | |
| Part | 10. Give Details Ab | out Environmental Info | rmation | | | | | |
| For th | e purpose of Part 10, | the following definition | ons apply: | | | | | |
| | | Ü | | | | | | |
| ha | zardous or toxic sub | stances, wastes, or m | or local statute or regulation conc aterial into the air, land, soil, surfa the cleanup of these substances, v | ce water, groundwater, o | | | | |
| | • | n, facility, or property ate, or utilize it, includ | as defined under any environment ing disposal sites. | al law, whether you now | own, operate, or utiliz | е | | |
| | | | onmental law defines as a hazardo ntaminant, or similar term. | us waste, hazardous su | bstance, toxic | | | |
| Repor | t all notices, releases | s, and proceedings tha | at you know about, regardless of w | hen they occurred. | | | | |
| 24 Ha | _ | unit notified you that | you may be liable or potentially lia | able under or in violation | of an environmental la | aw? | | |
| | No. | | | | | | | |
| | Yes. Fill in the detai | ls. | | | | | | |
| | | | Governmental unit | Environmental law | , if you know it | Date of notice | | |
| 25 H a | ave vou notified anv | governmental unit of | any release of hazardous material? | , | | | | |
| _ | - | | _ | | | | | |
| _ | No. | | | | | | | |
| L | Yes. Fill in the detai | IS. | Construction and all souls | F | 16 I 14 | Data of water | | |
| | | | Governmental unit | Environmental law | , ii you know it | Date of notice | | |
| 26 H a | ave you been a party | in any judicial or adm | ninistrative proceeding under any e | environmental law? Inclu | de settlements and or | ders. | | |
| | No. | | · - | | | | | |
| | Yes. Fill in the detai | le | | | | | | |
| │ | _ 100.1 mm me detai | | Court or agency | Nature of the case | | Status of the case | | |
| | | | | or the dase | | | | |

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| | | D(| Journalit | 1 age +1 01 02 |
|----------|------------|-------------|-----------|------------------------|
| Debtor 1 | James | Arthur | Sims | Case Number (if known) |
| | First Name | Middle Name | Last Name | |

| Part 11: Give Details About Your Business or Connections to Any Business | | | | |
|--|--|--|--|--|
| Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | |
| A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | |
| A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | |
| A partner in a partnership | | | | |
| An officer, director, or managing executive of a corporation | | | | |
| ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | |
| No. None of the above applies. Go to Part 12. | | | | |
| Yes. Check all that apply above and fill in the details below for each business. | | | | |
| Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | |
| No. | | | | |
| Yes. Fill in the details. | | | | |
| Date issued | | | | |
| Part 12: Sign Below | | | | |
| I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | |
| X /s/ James Arthur Sims X Signature of Debtor 1 Signature of Debtor 2 | | | | |
| Signature of Debtor 1 Signature of Debtor 2 | | | | |
| Data 01/10/2018 | | | | |
| Date 01/10/2018 Date MM / DD / YYYY | | | | |
| Did you attach additional pages to <i>Your Statement of Financial Affairs for Individuals Filing for Bankruptcy</i> (Official Form 107)? No Yes | | | | |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? | | | | |
| ■ No | | | | |
| Yes. Name of person Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | |
| | | | | |

| Fill in this i | Caca 19 nformation to identi | | Filad 01/15/19 | Entered 01/15/18 12:15:12 8 of 62 | 2 Desc Main | |
|-----------------------------|---------------------------------|---|---------------------------|--|---|-------|
| Dobtor 1 | James | Arthur | Sims | | | |
| Debtor 1 | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States | s Bankruptcy Court for | the : <u>NORTHERN</u> District of _ | | | | |
| Case Numbe | er | | (State) | | Check if this is an | |
| (If known) | | | | | amended filing | |
| Official F | orm 108 | | | | | |
| Stateme | ent of Intent | tion for Individua | ls Filing Unde | r Chapter 7 | | 12/15 |
| If you are an in | ndividual filing unde | er chapter 7, you must fill out | this form if: | | | |
| | | by your property, or | •• | | | |
| • | | erty and the lease has not exp ourt within 30 days after you f | | tion or by the date set for the meeting of cre | editors. | |
| | | • • | | opies to the creditors and lessors you list. | valio10, | |
| If two married | people are filing too | gether in a joint case, both are | e equally responsible for | r supplying correct information. | | |
| Both debtors r | nust sign and date t | the form. | | | | |
| • | • | · | led, attach a separate sh | neet to this form. On the top of any additiona | al pages, | |
| write your nam | ne and case number | r (if known). | | | | |
| Part 1: | List Your Creditors V | Who Have Secured Claims | | | | |
| For any cre information | = | ed in Part 1 of Schedule D: Cr | editors Who Have Claim | s Secured by Property (Official Form 106D) | , fill in the | |
| Identify the | creditor and the pr | operty that is collateral | What do you secures a de | intend to do with the property that bt? | Did you claim the property as exempt on Schedule C? | |
| Creditor's | 5 | | Surre | ender the property | ☐ No | |
| name: | | | Retai | n the property and redeem it | _ ☐ Yes | |
| Description | on of | | ☐ Retai | n the property and enter into a | | |
| property | 011 01 | | Reaff | firmation Agreement. | | |
| securing | debt: | | ☐ Retai | n the property and [explain]: | _ | |
| | | | | | | |
| Creditor's | 3 | | ☐ Surre | ender the property | □No | |
| name: | | | Retai | n the property and redeem it | ☐ Yes | |
| Description | on of | | ☐ Retai | n the property and enter into a | □ 163 | |
| property | 511 01 | | Reaff | firmation Agreement. | | |
| securing | debt: | | ☐ Retai | n the property and [explain]: | _ | |
| | | | | | | |
| Creditor's | | | ☐ Surre | nder the property | □No | |
| name: | | | = | n the property and redeem it | _ | |
| December | £ | | | n the property and enter into a | Yes | |
| Description property | on or | | | firmation Agreement. | | |
| securing | debt: | | | n the property and [explain]: | | |
| | | | <u> </u> | | | |
| Creditor's | | | □ Surre | ender the property | ПNо | |
| name: | • | | <u>=</u> | n the property and redeem it | _ | |
| | | | | n the property and enter into a | Yes | |
| Description | on of | | | firmation Agreement. | | |
| property securing | deht: | | | n the property and [explain]: | | |
| Jocumny | dobt. | | | and property and [explain]. | _ | |

Debtor 1

Case 18-01067 James

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First Name

| | 9 |
|--|---|
| | |

List Your Unexpired Personal Property Leases

| For any unexpired personal property lease that you listed in Schedule G: E | Executory Contracts and Unexpired Leases (Official Form 106G), |
|--|--|
| fill in the information below. Do not list real estate leases. Unexpired lease | |
| ended. You may assume an unexpired personal property lease if the truste | |
| | |
| Describe your unexpired personal property leases | Will the lease be assumed? |
| Lessor's name: | □ No |
| | |
| Description of leased | ☐ Yes |
| property: | |
| | |
| Lessor's name: | ☐ No |
| | Yes |
| Description of leased | |
| property: | |
| | |
| Lessor's name: | □No |
| | Yes |
| Description of leased | |
| property: | |
| Lacarda name. | |
| Lessor's name: | |
| Description of legaced | □Yes |
| Description of leased property: | |
| property. | |
| Lessor's name: | □No |
| | |
| Description of leased | □Yes |
| property: | |
| | |
| Lessor's name: | □No |
| | Yes |
| Description of leased | |
| property: | |
| | |
| Lessor's name: | □ No |
| | Yes |
| Description of leased | |
| property: | |
| | |
| Part 3: Sign Below | |
| Index penalty of pariury. I declare that I have indicated my intention about | any property of my actate that cocurse a debt and any |
| Under penalty of perjury, I declare that I have indicated my intention about a personal property that is subject to an unexpired lease. | my property of my estate that secures a debt and any |
| octoonal property that is subject to all unexpired lease. | |
| An let law a Arthur O'r | |
| ★ /s/ James Arthur Sims Signature of Debtor 1 Signature of Debtor 1 | ure of Debtor 2 |
| | |
| | MM / DD / YYYY |
| IVIIVI / LJLJ / TTTT | AIVL / LALA / LILIT |

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In r | ·e | North Edu Viol | THE TOT LEDITOR ENDT | Did Diviole | |
|--|---|--|---|--|--|
| James Arthur Sims / Debtor Case No: | | | | | |
| | | | | Chapter: | Chapter 7 |
| | | DISCLOSURE OF CO | OMPENSATION OF ATTOR | NEY FOR DEB | TOR |
| | npensation p | o 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 and to me within one year before the filing of the rendered on behalf of the debtor(s) in conte | the petition in bankruptcy, or a | greed to be paid | l to me, for services |
| | For legal | services, I have agreed to accept | \$1,300.00 | | |
| | Prior to th | e filing of this statement I have received | \$1,800.00 | | |
| | Balance I | Due | \$0.00 | | |
| | Post Case | -Filing Work Pre-Paid: | \$500.00 | | |
| 3. 4. 5. | Deb The source I have of my I have of my attach In return for case, incluing a. Analytic banking the source of the source of my attach. | or the above-disclosed fee, I have agreed to re | asation with a other person or p r with a list of the names of the ender legal service for all aspect | ersons who are r people sharing ts of the bankrup determining who | not members or associates in the compensation, is otcy |
| 6. | | nent with the debtor(s), the above-disclosed few NOT include any work done post-filing. | ee does not include the following | g service: | |
| | | | CERTIFICATION | | |
| | | I certify that the foregoing is a complete payment to me for representation of the deb | 2 0 | _ | or |
| | | Date: 01/10/2018 | /s/ Steven Scott Camp | | |
| | | Date | Signature of Attorney | | |

Page 1 of 1 Record # 746696

Geraci Law L.L.C. Name of law firm

Geraci Law Color In the Sis India Few Visco Asia 12:15:12 Desc Main Case 18-01067

Headquarters: 55 E. Monroe Street, #3400 CHicago, 42,0003

866.9290709 1 OLIENT CORNER WWW.INFOTAPES.COM

Date: 1/8/2018

Consultation Attorney: MMA

Record #: 746-696



Retainer Agreement Chapter 7 - Pre-filing

| Services before filing in Court: I retain Geraci Law L.L.C. to prepare to file a Chapter 7 bankruptcy petition in court. I agree to pay, by |
|---|
| debit only, a flat fee for services before filing in court of \$ 1,300.00 at \$ { } today, |
| \$ {} per {} starting {} and \$ {} l will obtain from {} within 60 days of today. Bankruptcy is time-sensitivel may pay more than this amount to pre-pay |
| post-filing services. After filing in court, any balance on the pre-filing fee is discharged. We will start preparing your documents as soon as you sign this contract. Work before signing is no charge. Work or Costs advanced AFTER filing in Court is not included in the pre-filing amount, unless you pay us for it in advance: |
| After we file your Chapter 7 bankruptcy in Court, we will advance your Court Cost of \$335. Your flat fee for services after case filing is |
| \$ 1.195.00 . We will present you with an agreement to repay the \$335 we will advance after filing, and for our services after filing through Discharge or case closing without discharge, (at which time our representation of you ceases) totalling \$ 1.530.00 . Whether or not you sign a post-filing agreement is entirely voluntary: you are not required to retain Geraci Law for post-bankruptcy services. We will not withdraw for non-payment if you decide not to sign a post-filing agreement, reimburse the \$335 we paid for you, or fees. We will attend your meeting of creditors and perform ministerial tasks, but you may have to retain someone else for anything not included in the post-filing fee |
| (read next paragraph for what is included) |
| The flat fee for pre-filing work pays for: consultation after hiring us, (before retaining us is free) preparation petition, phone calls, emails, web messages; processing and reviewing documents that we requested from you including faxes, email attachments, web uploads and mail; office appointment to review and sign your petition; filing your case in court. Excluded: appearance in any court or proceeding; taking calls from your creditors or bill collectors. If you decide to pre-pay, or pay for ALL services before and after we file your case in court, all work until case closing is included except: missed section 341 meetings; amendments to schedules; adversary proceedings; any motions including to reopen, avoid judgment liens, for enlargement of time; any contested matter including but not limited to objections to exemptions, motions to dismiss; attending rule 2004 examinations; reviewing documents that we |
| did not specifically request from you; appearance other than bankruptcy court. With "flat fee", rather than hourly, you know in advance your entire cost |
| unless additional work is required and it usually is cheaper, but you may choose to pay for our services billed hourly at \$75 -\$450/hour, and pay in advance |
| a security retaier, which may cost you more, or less than a flat fee. Advance Payment Retainer. Payments on flat fee or hourly become our property on |
| payment and are deposited into our operating account, not into a client trust account. We will only refund unearned fees. You may enter into a security retainer agreement with another law firm: we will not because you may lose funds held in our trust account which may be assets in a Chapter 7. |
| retaillet agreement with another law litht, we will not because you may lose failus field in our trast account which may be access in a chapter 7. |
| Termination. If you decide not to proceed, delay, fail to respond, fail to pay my attorneys or provide all information & sign my petition according to this schedule, I agree that Geraci Law may discontinue work and charge me for the work done to date at hourly rates shown above. We will only refund fees not earned. Wisconsin: We will submit any unresolved dispute about the fee to binding arbitration within 30 days or receiving written notice of the dispute. You may file a claim with the Wisconsin Lawyers' Fund for Client Protection if the we fail to provide a refund or unearned advanced fees. If you dispute the amount of the fee and want that dispute to be submitted to binding arbitration, you must provide written notice of the dispute to Geraci Law within 30 days of the mailing of the accounting. If we are unable to resolve the dispute to the satisfaction of you within 30 days after notice of the dispute from the client, we shall submit the dispute to binding arbitration. |
| Time matters: You agree: to fully cooperate with us and provide all information required; use Client Corner and not to cause excessive work; that |
| more than one attorney or staff will work on your file there is no extra charge for the entire Geraci Law Team, unlike single attorney "law firms". Change in circumstances: This flat fee is based on the facts you told us. If that changes, your fee may change. Exemption laws only protect a limited amount of |
| property. File Chapter 13 if you have property not claimed as exempt, or risk turn over "non-exempt" property to a Trustee. No guarantee of Discharge |
| Creditors or others may object to a chapter 7 discharge of certain debts or to any discharge, for a variety of reasons. Debts not discharged: studer |
| loans; educational debts and tuition; most tax debts; undisclosed debts; maintenance or support; fines; fraud, stealing or intentional injury claims, debt |
| after filing including HOA dues; other debts listed in your green folder as usually not discharged. No discharge if you don't take the 2nd educationa course. I will not transfer or acquire any property or incur any credit or debt before filing, and I must make full disclosure of all income, expenses, debt |
| and assets on my bankruptcy petition as of the date I sign it. I AGREE TO READ EVERY PAGE AND EVERY LINE OF MY PETITION BEFORE I SIGN IT AND TO MAKE SURE THAT IT IS COMPLETE AND CORRECT. |
| |
| Date: 1/8/18 x Jams Sim |
| James Sims (Debtor) (Joint Debtor) |
| Attorney for the Debtor(s), Representing Geraci Law L.L.C. rev 171110 |

_ Attorney for the Debtor(s), Representing Geraci Law L.L.C.

rev 171110

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| James Arthur Sims / Debtor | Bankruptcy Docket #: | | |
|----------------------------|----------------------|--|--|
| | Judae: | | |

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 01/10/2018 /s/ James Arthur Sims

James Arthur Sims

X Date & Sign

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^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Document Arthur Sims / Debtor

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B 201A (Form 201A) (11/11)

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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Form B 201A, Notice to Consumer Debtor(s)

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 01/10/2018 | /s/ James Arthur Sims | | |
|-------------------|-----------------------------|--|--|
| | James Arthur Sims | | |
| Dated: 01/10/2018 | /s/ Steven Scott Camp | | |
| | Attorney: Steven Scott Camp | | |

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| ebtor 1 | James | Arthur | Sims | Case Number (if kno | own) |
|--|---|--|--|--|--|
| | First Name | Middle Name | Last Name | | |
| Part 6 | Answer These Question | s for Reporting Purposes | | | |
| | /hat kind of debts do ou have? | 16a. Are your debts as "incurred by an No. Go to line Yes. Go to line | n individual primarily for a p e 16b. | ebts? Consumer debts are define personal, family, or household pur | ed in 11 U.S.C. § 101(8) rpose." |
| | | 16b. Are your debts money for a busin No. Go to line | ness or investment or throu e 16c. | bts? Business debts are debts the sign the operation of the business | nat you incurred to obtain or investment. |
| | | 16c. State the type of | debts you owe that are not | t consumer debts or business deb | ots. |
| | Are you filing under Chapter 7? | No. I am not filir | ng under Chapter 7. Go to | line 18. | |
| [6 6 6 | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | administrati Mo. ∐Yes. | nder Chapter 7. Do you e ive expenses are paid that | estimate that after any exempt pro | operty is excluded and ute to unsecured creditors? |
| ; | How many creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-199 □ 200-999 | □ 5,0 | 000-5,000 001-10,000 ,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000 |
| | How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,00 \$100,001-\$500, \$500,001-\$1 mil | 00 | ,000,001-\$10 million 0,000,001-\$50 million 10,000,001-\$100 million 100,000,001-\$500 million | ☐\$500,000,001-\$1 billion ☐\$1,000,000,001-\$10 billion ☐\$10,000,000,001-\$50 billion ☐More than \$50 billion |
| 20. | How much do you estimate your liabilities to be? | □ \$0-\$50,000 □ \$50,001-\$100,0 ■ \$100,001-\$500, □ \$500,001-\$1 mi | 000 | ,000,001-\$10 million 10,000,001-\$50 million 50,000,001-\$100 million 100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Par | t 7: Sign Balow | | | | |
| For | you | correct. If I have chosen to file | e under Chapter 7, I am av | ler penalty of perjury that the inforware that I may proceed, if eligible relief available under each chap | e, under Chapter 7, 11,12, or 13 |
| AND COLORS DESCRIPTION OF THE COLORS SHAPE | | this document, I have | e obtained and read the no | or agree to pay someone who is rotice required by 11 U.S.C. § 342 | (b). |
| | | l understand making with a bankruptcy ca | a false statement, concea | of title 11, United States Code, sp ling property, or obtaining money \$250,000, or imprisonment for u | or property by fraud in connection |
| | | Signature of D | ml Sim ebtor 1 | Signa | ature of Debtor 2 |
| | | Executed on _ | : 1 / 8 /2018 MM / DD / YYYY | Exec | uted on |

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| Fill in this in | Fill in this information to identify your case: | | | | | |
|--------------------------|--|-------------|-----------|--|--|--|
| Debtor 1 | James | Arthur | Sims | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States | United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State) | | | | | |
| Case Numbe (If known) | r | | | | | |
| (II NIOWI) | | | | | | |

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|---|
| Did you pay or agree to pay someone who is NOT an attorney to | help you fill out bankruptcy forms? |
| ■ No | |
| Yes. Name of Person | Attach Bankrupicy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| The state of the s | |
| | |
| Under penalty of perjury, I declare that I have read the summary correct. | r and schedules filed with this declaration and that they are true and |
| * James Sims | X |
| Signedure of Debtor 1 | Signature of Debtor 2 |
| Date : / / /2018 MM / DD / YYYY | DateMM / DD / YYYY |

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| Debtor 1 | James | Arthur | Sims | Case Number (if known) |
|----------|------------|-------------|-----------|---------------------------------------|
| | First Name | Middle Name | Last Name | · · · · · · · · · · · · · · · · · · · |

| Part 12: | Sign Below | | | |
|--|------------------|--|--|--|
| I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | |
| * | Damed Sints × | nature of Debtor 2 | | |
| Dat | | | | |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | | | | |
| ■ No □ Yes | | | | |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? | | | | |
| ■ No ☐ Yes. | . Name of person | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | |

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Page 58 of 62 Document Arthur James Case Number (if known) _ Debtor 1

| Part 2: List Your Unexpired Personal Property Leases | |
|--|----------------------------|
| any unexpired personal property lease that you listed in <i>Schedule G: Executory Contracts and Unexpired Leases</i> (Official Form 16 In the information below. Do not list real estate leases <i>. Unexpired leases</i> are leases that are still in effect; the lease period has not y | |
| the information below. Do not list real estate leases, offexpired leases are leases that are still in effect, the lease period has not yet. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). | yet |
| Describe your unexpired personal property leases | Will the lease be assumed? |
| essor's name: | ☐ No |
| escription of leased roperty: | Yes |
| essor's name: | □ No |
| Description of leased roperty: | Yes |
| essor's name: | No |
| Description of leased property: | Yes |
| essor's name: | □No |
| Description of leased property: | ☐Yes |
| Lessor's name: | □No |
| Description of leased property: | ∐Yes |
| Lessor's name: | □No |
| Description of leased property: | □Yes |
| Lessor's name: | □No |
| Description of leased property: | Yes |
| art 3: Sign Below | |
| er penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any sonal property that is subject to an unexpired lease. | |
| Signeture of Debtor 1 Signature of Debtor 2 | |
| Signature of Debtor 2 Date Dated: 1/8 /2/18 Date | |
| MM / DD / YVVV | |

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DISCLAIMER Gentlers have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for fimily support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signers and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

 (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not willfully intend to evade the tax. (4). The tax must have been ASSESED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community

bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.

- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferree will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankruptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION)'S ACCURATE!!!!

| filed in Court AND WE HAVE TO READ, CHEC | K, & MAKE SURE OUR PETITION S ACCURATEIII | • • |
|--|---|---------------|
| Dated: <u>1 / </u> 8 /2018 | Janes Suo | X Date & Sign |
| / | James Arthur Sims | |
| | | |

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

James Arthur Sims / Debtor

Bankruptcy Docket #:

Judge:

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

| TIDECLAREUN | DER PENALTY OF PERJURY THAT THE FOREGOING IS | TRUE AND CORRECT. |
|---------------------------|--|-------------------|
| Dated: <u> / ዓ</u> /2018 | James Arthur Sims | X Date & Sign |

^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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| Debtor 1 | James | Arthur | Sims | Case Number (if known) | | |
|---|--|--|---|------------------------------------|--|--|
| | First Name | Middle Name | Last Name | | | 40 |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | The contract contract of the c |
| 8. Une | mployment compe | nsation | | \$0.00 | \$0.00 | of co. |
| Do i und | not enter the amoun er the Social Securi | nt if you contend that the amoun ty Act. Instead, list it here: | t received was a benefit | | | |
| For | уоц | | | | | |
| For | your spouse | | | | | |
| | nsion or retirement nefit under the Socia | income. Do not include any an al Security Act. | nount received that was a | \$0.00 | \$0.00 | |
| Do as | not include any ber a victim of a war cri | me, a crime against humanity, o | Security Act or payments received | | | |
| 10a | ı | | | \$0.00 | \$ 0.00 | |
| 10 | ı | · · · · · · · · · · · · · · · · · · · | | \$ 0.00 | \$0.00 | |
| 100 | . Total amounts from | m separate pages, if any. | | \$0.00 | \$0.00 | : |
| | | urrent monthly income. Add lir total for Column A to the total fo | | \$4,313.23 | \$0.00 | = \$4,313.23 |
| Part | | Whether the Means Test Applies | | | | |
| 1 | • | nt monthly income for the year current monthly income from lin | : Follow these steps: ne 11 | Conv line 11 here | 12a, [| \$4,313.23 |
| 3 | | he number of months in a year) | | | | x 12 |
| 12 | | ur annual income for this part of | | | 12b. | \$51,758.76 |
| 13. C a | lculate the median | family income that applies to | you. Follow these steps: | | ¥ | No. of the same and street the formula and a second |
| Fil | I in the state in whic | th you live. | IL | | | |
| Fi | l in the number of p | eople in your household. | 2 | | | |
| To | find a list of applica | able median income amounts, g | te of household go online using the link specified in the ole at the bankruptcy clerk's office. | | 13. | \$67,254.00 |
| 14. H | ow do the lines con | npare? | | | | |
| 14 | a. x ine 12b is le Go to Part 3. | ss than or equal to line 13. On t | the top of page 1, check box 1, There | is no presumption of abuse. | | |
| 14 | | ore than line 13. On the top of pand fill out Form 122A-2. | page 1, check box 2, The presumption | n of abuse is determined by Form | 122A-2. | |
| Par | i 3: Sign Belov | v | | | | |
| ANNEAN PARTY (NAME AND ANNEAN ANN ANN ANN ANN ANN ANN ANN ANN | By signing here | ans Sin | jury that the information on this statem | ent and in any attachments is true | e and correct. | |
| Average woman to the Control | | James Arthur Sims | | | | |
| CATOMATA AND A SAME | (Date:: | <u> </u> | | | | |
| *************************************** | | line 14a, do NOT fill out or file F | | | | |
| *************************************** | If you checked | line 14b, fill out Form 122A-2 a | nd file it with this form. | | | |

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Form B 201A, Notice to Consumer Debtor(s)

In re James Arthur Sims / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: / 8 /2018

Dated: / 8 /2018

Dated: / 8 /2018

Attorney: Mario M. Arreola

Record # 746696